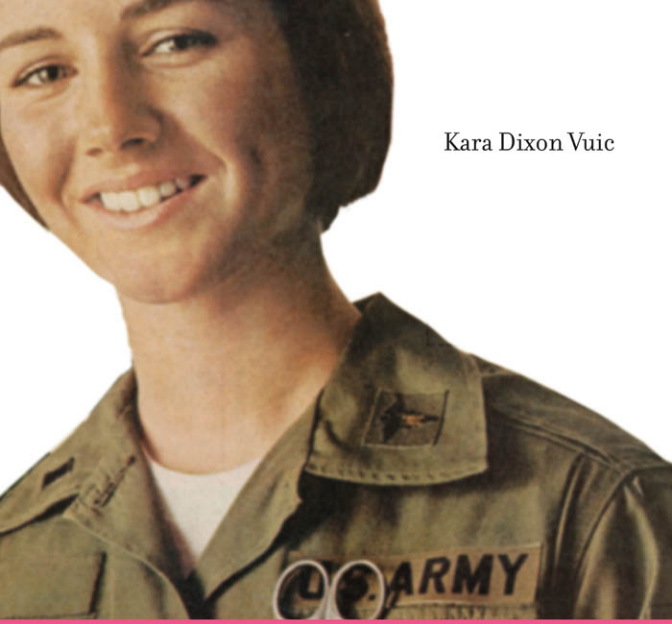

Kara Dixon Vuic

officer, nurse, woman

The Army Nurse Corps in the Vietnam War

VISIT…

Officer, Nurse, Woman

War/Society/Culture
Michael Fellman, *Series Editor*

Officer, Nurse, Woman

The Army Nurse Corps in the Vietnam War

Kara Dixon Vuic

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Acknowledgments

When I was an editorial assistant at the *American Historical Review* during graduate school, my favorite part of the work was to read the acknowledgments of the books I assigned for review. Sometimes the author's words were sweet, sometimes funny, and sometimes even a bit sappy. Faced now with the privilege of thanking the many people who have been a part of this project, I have a new appreciation for the humility that comes with the task. I doubt these acknowledgments will be sweet, or funny, or sappy, but I hope that at least the people mentioned here understand the sincerity of my thanks.

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Officer, Nurse, Woman

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"Lady, you're in the army now"

"I never got a chance to be a girl," Kate O'Hare Palmer lamented, thirty-four years after her tour as an army nurse in Vietnam.[1] Although proud of having served, she felt that the war she never understood had robbed her of her innocence and forced her to grow up too quickly. As depicted in a photograph taken late in her tour, long hours in the operating room exhausted her both physically and mentally. Her tired eyes and gaunt face reflected the weariness she felt after treating countless patients, some dying, some maimed, all, like her, forever changed. Still, she learned to work harder and faster than she thought she could, to trust her nursing skills, and to live independently. She developed a way to balance the dangers and benefits of being a woman in the army and in the war. Only fourteen months long, her tour in Vietnam profoundly affected her life and her beliefs.

The Army Nurse Corps (ANC) first sent nurses to Vietnam in 1956 to help train Vietnamese nurses at a military hospital in Saigon.[2] The first U.S. military hospital, the 8th Field Hospital, arrived on April 6, 1962, and the army began regularly assigning nurses to South Vietnam with its arrival. Until President Lyndon B. Johnson's 1965 deployment of combat troops, in-country nurses

were few, but as the war escalated, the number of hospitals and nurses dramatically increased. By June 1966, 390 army nurses were in-country, a figure that rose to 620 in June 1967, and to a peak of 906 in June 1968. Thereafter, the numbers of nurses declined with the removal of U.S. troops until the last army nurses left Vietnam on March 29, 1973.[3] Nine army nurses died in the war: Carol Ann Elizabeth Drazba and Elizabeth Ann Jones (February 18, 1966, in a helicopter crash); Eleanor Grace Alexander, Jerome E. Olmstead, Hedwig Diane Orlowski, and Kenneth R. Shoemaker (November 30, 1967, in a plane crash); Pamela Dorothy Donovan (July 8, 1968, of illness); Annie Ruth Graham (August 14, 1968, of a stroke); and Sharon Ann Lane (June 8, 1969, of injuries sustained in a rocket attack on her hospital).[4] The navy and air force also sent nurses to the war, though in smaller numbers. Navy nurses worked primarily on two hospital ships, the *Repose* and the *Sanctuary,* and at navy station hospitals, while air force nurses worked at air force base hospitals and flew on medical evacuation flights to hospitals in Asia.[5]

Like other members of the army, nurses served twelve-month tours, with each nurse rotating in and out of the war on an individual schedule to prevent hospitals from being staffed with too many new arrivals at a time.[6] Nurses encountered all types of injuries and disease in the war, from combat wounds to malaria. They worked in various types of army hospitals, including small 60- to 100-bed surgical hospitals, 300- to 400-bed field hospitals, and 400- to 500-bed evacuation hospitals, in addition to specialized medical detachment units connected to hospitals and a 1,300-bed convalescent center.[7] Nurses worked on different wards, in different types of hospitals, in different locations, and in different years. Some nurses changed wards or hospitals during their year, and some nurses even extended their tours beyond the usual twelve months. These factors combined to create a unique war experience for each of the five thousand army nurses who served in the war between 1956 and 1973.[8] Although each nurse lived an individual wartime experience, shaped by personal motivations, gender ideologies, and particular assignments, nurses also shared common experiences shaped by the army, the nursing profession, and the war itself. Palmer's story reveals some of the themes common to all army nurses who served in Vietnam and highlights the peculiar experiences of women serving in an army comprised mostly of men.

Palmer grew up in Long Beach, California, with her parents and two brothers. They seemed a typical family—her father worked as a salesman while her mother held a few jobs, as a beautician, home economics teacher, and postal

service worker. Palmer and her brothers grew up hearing stories of their parents' service in the army during World War II and of how they had met and fallen in love at an army base. As a teenager, Palmer volunteered as a candy striper at a local Veterans Administration hospital, an experience that prompted her to consider a career in medicine as she grew older. But with three children in the house, money was tight, and medical school seemed an impossible dream. When Palmer received a full scholarship to a three-year diploma nursing school, the more traditional career path of nursing became her own. In the fall of 1964, she packed her things and left home for the first time—though she did not go far—and moved into the student nurses' residence at Los Angeles County General Hospital. Nursing school was, as she described it, "old school nursing." The female students all lived in a residence hall, closely supervised by a dorm mother, who monitored their comings and goings. Of the one hundred students in Palmer's class, only two were men.

Despite her parents' army service, Palmer gave little thought to joining the military until 1966, when her brother Tom went to Vietnam. She and the other women on her residence hall floor "adopted" Tom's unit. They each picked a soldier to whom they wrote letters and sent care packages throughout the year. When Tom contracted malaria, he sent his sister pictures of the hospital where he was treated and of the nurses who worked there. The photos fascinated Palmer and her fellow students, who found the exotic scenes and hospital enticing. "We were so young," she recalled. "It just looked so amazing." She insisted that she did not fully support the war, though admittedly, she knew little about it. Still, she "really felt strongly that [she] could help" and believed her nursing skills would be useful in the war. Busy with her studies and work at the hospital, Palmer described her time in school as a "bubble period" in which she felt insulated from the war she would soon experience.

Later that year, she and three friends spoke with a recruiter about joining the Navy Nurse Corps. The navy, they decided, had the "cutest uniforms." The four women were not motivated by support for the war or patriotic fervor. Instead, as Palmer explained, "We didn't want to get married and have a baby" as the rest of their nursing school friends were planning to do. The four women wanted a different kind of life for themselves. Moreover, having always lived in Southern California, Palmer was anxious to see the world and knew the military could offer her travel opportunities that she otherwise might not enjoy. The navy recruiter, however, told the four friends that they

needed practical nursing experience before they could join, so they decided to inquire with the army. With personnel needs much higher than the navy's, the army could make no such experience requirements and was more than willing to accept the new nurses. Not yet twenty-one years old, Palmer knew her parents would never give their required consent for her to join the army, so she waited until after her birthday to join.[9] In June 1967, standing in the army recruiter's office in Los Angeles, she and her friends were all commissioned second lieutenants.

Shortly before Palmer left for six weeks of basic training at Fort Sam Houston, Texas, her father took her out for a drink. "I never thought I would be sitting here with my *daughter,* sending her off," he confessed. "This is really strange." Palmer did not think it so strange to be joining the army. She had chosen a typical woman's career in nursing, but her ambitions did not fit the traditional feminine mold so easily. She wanted adventure, a chance to find a different kind of life than that chosen by many of her friends. Having heard her mother's stories of working as an army radio operator in World War II, she did not find the idea of women serving in the military remarkable. She believed she could do something to help soldiers like her brother Tom, who she knew were being wounded in the war. Military nursing seemed to offer her a relatively risk-free chance to live the unorthodox kind of life she wanted.

She did not want to go to Vietnam. She preferred an assignment in Okinawa, sufficiently exotic to be exciting and close enough to Vietnam that she would treat war casualties, but less dangerous than an assignment to the war. She was not worried about being sent to Vietnam, she explained, because she did not think the war would last very long. When she arrived at basic training in the fall of 1967, however, the presence of three hundred other nurses who had also just joined the corps suggested that the army was preparing for an extended engagement in Vietnam. Nonetheless, she and her friends remained undaunted and thought little of the training they received. In addition to "a lot of standing around and getting your uniforms," they learned army protocol, how and whom to salute, and how to march. They learned to debride bullet wounds and practiced inserting tracheotomies on goats. They learned how to triage patients into categories based on the severity of their wounds. When given a compass and a map and dropped in the middle of the woods at Fort Bullis for an exercise in map reading, Palmer and her friends gave little serious thought to the task of getting themselves to the assigned location. Learning to read maps was a ridiculous assignment for nurses, they thought. Assuming

that nurses—especially women—were always assigned to safe locations, they figured they would never be in real danger or need to know basic survival skills.

Near the end of basic training, Palmer began to hear rumors that most nurses in her class would soon be sent to Vietnam. She felt vastly unprepared for a war, and in an attempt to delay what she was beginning to consider an inevitable assignment to Vietnam, she registered for the army's operating room nursing course at Letterman Army Hospital in San Francisco. The specialized training was intense, shortened from six to four months in an effort to get as many nurses to Vietnam as quickly as possible. Near the end of the course, the nurses listed their preferred assignments and waited to get their first orders. Palmer's orders, like those of every other nurse in her class, were to Vietnam. Hoping that there had been a mistake, she spoke with the course instructor. Palmer explained that her army recruiter had told her that nurses could choose their assignments and that there must be an error in her orders. The ANC official simply looked at her and laughed. "Lady," she said, "you're in the army now."

Wearing her green cord uniform, stockings, and heels, as the army had instructed, twenty-two-year-old Palmer boarded a flight for Vietnam in early June 1968, one of ninety army nurses who arrived in Vietnam that month.[10] After processing into her new assignment and receiving her fatigues, Palmer traveled by plane and helicopter to her first assignment at the 2nd Surgical Hospital in Chu Lai. When she arrived, the hospital chief nurse showed her to her hooch, a small room in a wooden building where she would live for the next six months. Exhausted from her travels, Palmer tried to sleep, but all too soon someone knocked on her door to tell her she was needed in the operating room. She had not even seen the operating room yet, but she scrubbed in and assisted in surgery. The medical staff saved the first patient she saw in Vietnam—a Vietnamese woman—but immediately afterward, Palmer vomited. The gravity of her assignment was beginning to sink in. "A year," she realized, "looked like a long time."

Even with her nursing education and specialized operating room training, Palmer still felt unprepared for the fast-paced work and what she described as "massive wounds, massive wounds." "I didn't think I was ready," she admitted, but the war forced even the least experienced nurse to become proficient. "I learned really fast," Palmer said, noting that she quickly realized she had to be "functional because they don't have enough people as it is." She worked twelve-hour shifts, six days a week, and more if needed. On most days she

worked in the operating room, but when the hospital received many casualties at once, she helped triage patients. She hated triage, hated having to decide which soldiers would be treated first, which could wait, and which were beyond saving. She also came to question the very purpose of her job in the war. "We saved a lot of people," she recalled, but "I wondered if we were doing them a service . . . When you take off three and four limbs on a person," she asked, "are you doing them a service, to live?" The war forced her to consider new questions of medical ethics, and even years later she could only respond to her own questions with a hesitant "I don't know."

Palmer tried to disregard her emotional response to the seemingly endless flow of casualties and function as a "robot," but years later her memories of one dying patient still elicited strong emotions. "I had to hold this one guy," she remembered. "It was so hard because he was looking at me saying, 'I'm not going to make it, I'm not going to make it, am I?' " Believing that she had to provide emotional comfort as well as medical care, Palmer assured the soldier, "You're going to make it, you're going to make it." But, she admitted later, "I lied. We did that so much." Instances such as this led Palmer to believe that embodying heterosexual gender roles to American soldiers was an important part of her work as a nurse. She and the other women seldom felt feminine in their appearance, she allowed, but she still felt that as a woman, she reminded soldiers of women from home. It was important, she thought, for an American soldier to wake from surgery and see an American woman who symbolized home, safety, and an absence of war. She considered herself professionally equal to the men with whom she served and whom she treated, but she also believed that her role in the war was a traditional one in which women nursed wounded warriors.

While at Chu Lai, Palmer learned that being a woman in war could shape her experiences in a negative way. She felt unprepared for the sexual pressures she faced as soldiers from the area came to the hospital officers' club to see and, if lucky, talk to American women. The constant attention made her wary. Having grown up on the Pacific Ocean, Palmer had requested the Chu Lai assignment because of its location on the South China Sea. She had looked forward to swimming and to running along the ocean, but she felt so nervous in a bathing suit around the large numbers of men that she went only once. She was even too scared to sleep alone in her hooch at night, so she worked the night shift at the hospital. Other incidents did nothing but compound her fears. The hospital chief nurse sometimes sent nurses to parties hosted by

officers in the nearby Americal Division. She would point to women, "You, you, you," Palmer recalled, "You need to put a dress on and go." The parties provided an alternative to the monotonies of war, and "you'd get a real steak dinner," but after attending only one party, Palmer concluded, "something's wrong with this picture." She flatly refused to attend others and rejected the army's subsequent attempts to use her as a sexual object. "As a woman in a war situation," she pointed out, "you really learn how to maneuver, to protect yourself."

In January 1969, Palmer transferred to Lai Khe, where most of the 2nd Surgical Hospital staff had been transferred a few months earlier. Instead of living in wooden hooches as she had at Chu Lai, she and the other nurses lived in tents. Lai Khe was a more dangerous location, and the hospital was rocketed once, she said, by the U.S. military in a miscoordinated strike. Despite the more primitive living conditions and the nights she spent under her cot during rocket strikes, Palmer enjoyed her assignment at Lai Khe more than she had at Chu Lai. The hospital had fewer staff; official army regulations were more relaxed; and she felt closer to the people there. The nurses and physicians worked closely together, and the staff and patients respected her. She even dated a helicopter pilot for a few months, lucky, she felt, to have found a single man to date instead of the married men who also wanted to date her. At the end of her tour, when the army gave her the opportunity to stay an additional two months in lieu of the remaining four months' service she would have owed stateside, she chose to stay at Lai Khe.

In late July 1969, Palmer boarded a plane to return to the United States. Everyone cheered when the plane left Vietnam and then cheered again when it landed at Travis Air Force Base near San Francisco. Although she believed she could earn more money in the army than in civilian nursing, and although she liked the potential to advance in rank in the army, she disliked the rigidity of army life and decided to become a civilian again. After spending a couple of days processing paperwork, Palmer was out of the army and beginning her life after Vietnam.

For several years she continued to work in operating room nursing, though her nursing tasks were limited compared with what she had done in Vietnam. Frustrated with the decreased work pace and intensity, she used her G.I. Bill benefits to take courses in nutrition science at the University of California at Berkeley and worked for several years as a nutritional support nurse at a Veterans Administration hospital. Except for a few months in which she struggled

with bad memories about the war, she rarely thought about Vietnam. She even married without telling her husband about her past army and war experiences. In November 1993, Palmer attended the dedication of the Vietnam Women's Memorial in Washington, D.C., where she reunited with many of the nurses and hospital staff with whom she had worked in Vietnam. Going to the dedication, however, brought back the memories of the war she had suppressed for more than two decades. She started having nightmares, cried often, and subsequently began therapy. It took several years, she noted, but she finally worked through her grief and allowed herself to mourn all she had lost in Vietnam, including her own innocence. Since then, she has become active in her local Vietnam Veterans of America chapter and has given numerous presentations about her experiences to school groups and community organizations. She is no longer the tired young woman in her pictures from Vietnam, but she would not have traded the harrowing experiences of that young woman for any other.

Palmer's fourteen months in Vietnam profoundly shaped her life and her understandings of gender. Undoubtedly, wartime experiences have always affected nurses' lives and shaped their understandings of their roles as women and men. The particular circumstances of nurses' service in war have varied, of course, reflecting the broader social and cultural climate of the era. Their experiences have been fashioned by a continuous struggle for professional recognition within the medical establishment. During the Civil War, for instance, women fought for recognition as professional nurses entitled to respect and pay, even as they worked without the benefit of military rank. These struggles for professional recognition meshed with the army's need to balance expediency and appeal when it formally established the nursing corps in 1901. After resisting the use of women as nurses, especially during peacetime, the army embraced female nurses in part as a way to preserve domestic gender relationships between its male soldiers and their caregivers. But as members of the military, women encountered another set of concerns. When they entered this masculine institution, nurses confronted popular stereotypes that alleged, on one hand, that women who worked with the military were masculine (and thus possibly mannish lesbians) and, on the other hand, that women wanted to work with the military only as a means of soliciting men (and thus were promiscuous). Faced with this awkward combination of stereotypes, nurse corps leaders throughout the twentieth century struggled to create a respectable image of nurses as dedicated professionals who did not stray from so-

ciety's normative gender norms, even as they pressed for permanent status and rank within the military. During World War II, these concerns produced a recruitment campaign that cast nursing as an exciting and romantic pursuit, while the thousands of nurses who served in the war proved their dedication to the work, the military, and the war. In short, since the founding of the ANC, its nurses' experiences have been shaped by similar concerns about professionalism and gender, even though they have experienced situations unique to each war.

For nurses like Palmer, their formative wartime experiences occurred at a time when the nation as a whole reformulated what it meant to be women and men in America. While Americans experienced the crumbling of Jim Crow, debated the potential and dangers of fighting a global war against communism, and considered the public and private demands of women for equal treatment, they also watched their country become increasingly entangled in Vietnam. During that war and amid these broader social changes, the army, the ANC, and nurses like Palmer defined and redefined what it meant to be women and men, nurses, and members of the military. Much public discussion about gender questions stemmed from the efforts of organized second-wave feminism to bring to light discriminatory policies against women and the cultural valuing of masculinity over femininity. Given the army's long-standing association with conservatism and masculinity, it might seem that little of this debate and few of these changes would have occurred within the institution. Cold War foreign policy and military action, after all, in many ways continued to frame national power in the context of masculine virility. However, the army did not exist separate from society or culture, and it too confronted these challenges and questions. As the experiences of nurses in the Vietnam War reveal, gender roles changed even in the army.

This book considers the conflux of these two separate, yet entangled, events. It is a history of the army in the Vietnam War and a history of the process of gender change in the 1960s and early 1970s. Examining the army's recruitment and use of nurses in the war reveals the complex and nuanced ways in which the army responded to calls for social and cultural changes in gender. As it created images of nurses and then struggled with how to use the women and men of the nurse corps, the army revealed its attempts both to appeal to individuals with evolving ideas about the proper roles for women and men, and to meet wartime needs. The army's use of nurses in Vietnam suggests the extent to which the gender changes of the era permeated state institutions

and highlights the struggles of such institutions to respond to the sweeping changes envisioned by many. At the same time, contrasting army ideals with the experiences of nurses highlights what was sometimes a wide gulf between policy and practice. Nurses' accounts of their reasons for becoming nurses and for joining the army, their descriptions of nursing during the war, and their explanations of the role gender played in their lives illuminate the ways in which the state shaped individuals' experiences of these changes as well as nurses' struggles to resist being defined by the army. "War exposes the relationship between women and the state," write Margaret R. Higonnet and Patrice L.-R. Higonnet, "changes the material roles of women, and therefore necessarily redefines the relationship between the rhetoric of gender and the gender-specific assignment of tasks."[11] Army nurses' experiences reveal both the possibilities and the limitations of the broader changes that defined the war and the era.

In part, understandings of femininity and masculinity evolved in the army because of the same social and cultural transformations that elicited change in other aspects of American life. Conceptions of nursing as a woman's role and an inherently feminine act had shaped the army's use of nurses since its establishment of the corps in 1901. Women who grew up after World War II, however, increasingly attended college, entered professions previously closed to them, and expected more opportunities for themselves than those afforded their mothers and grandmothers. In addition, as the feminist movement gained momentum, Americans faced direct challenges to their traditional assumptions about masculinity and femininity. In 1964 the federal government made it a crime for employers to discriminate against women, and many doors that formerly barred women from certain careers began to open. Increasingly, women contested the notion of a sexual double standard and the political and economic manifestations of patriarchy, and revolutionized how Americans related to each other. And, as the 1960s ended and the 1970s began, lesbians and gay men issued further challenges to traditional understandings of gender. It was in this environment of debate about the meanings of gender that the army had to attract a large number of people to an occupation historically deemed feminine and to an institution viewed by many as stagnant, limiting, and increasingly controversial.

The Vietnam War also prompted change as wartime necessities and personnel requirements demanded liberalized regulations about the use of women in the army and in war. Facing a demanding need to quickly increase its number

of nurses, the army had to market itself in new ways. It made significant changes in the essential definition of nurses by opening the corps to men and by removing restrictions on the ranks women could achieve, while also pushing its nurses to attain higher levels of education and practice. Yet, at the same time, the army upheld some traditional gendered expectations of its nurses. Its struggles with questions about uniforms, hats, and hair care indicated larger concerns among army and ANC officials that female and male nurses could not and should not embody the same gendered and sexualized images. With a sexually integrated corps, the army also faced new questions about the gendered roles it had always assumed nurses served and found itself grappling with assignments for male nurses that would maintain traditional roles for women. The army's different intents for female and male nurses revealed its methods of withstanding challenges to its basic gendered structure. Women's and men's roles changed in the army but remained intertwined, dependent on each other.[12] The war both advanced the position of women and nurses in the army and preserved their subordinate status.

Nurses themselves demanded change and created new understandings of what constituted proper gender roles. While in some regards nurses maintained traditional notions of gender's place in nursing and in the military, they also foreshadowed new understandings of femininity and masculinity. Many women, for example, became nurses because the occupation was a traditional one for women but volunteered for Vietnam out of an untraditional belief that women owed military wartime service. These nurses believed they had an obligation to the state similar to that of men, even though the military limited women's participation and the nation required no such service of women. Women who assumed they could combine family and career pushed the corps to permanently end its restriction on married women and even to allow mothers to remain on active duty. But nurses, of course, did not write policy, and their experiences reflect their own efforts to define themselves as well as the army's attempts to balance need with ideals.

The history of army nurses in the Vietnam War is the history of the army and its relationship with American society, but it is also much more. "The story," as Joan Wallach Scott argues about the writing of gender history, "is no longer about the things that have happened to women and men and how they have reacted to them; instead it is about how the subjective and collective meanings of women and men as categories of identity have been constructed."[13] Understanding how roles developed in the ANC during the Viet-

nam War helps to illuminate the ways in which other individuals and institutions defined gender in the 1960s and 1970s. Changes in gender came about through need, personal expectations, and individually ascribed meanings. These changes did not happen suddenly or progress linearly from one end of a spectrum to another. Instead, progress and constancy often occupied the same historical moment. The history of army nursing in the Vietnam War, then, is not only the story of the nurses themselves. Nor is it only the story of the army and the ANC. Understanding how the army used nurses in Vietnam and how the nurses framed their experiences is a story about changing gender roles. It is about Americans at a crucial moment in the nation's history, the developments and legacies of the Vietnam era, and the changing face of the military. It is the story of the nation in the midst of tumultuous social and cultural change.

CHAPTER ONE

"The Bright Adventure of Army Nursing"

Meeting Nursing Demands for the Vietnam War

> I was a mess and then I closed the door to see the mirror that was on the back of the door. I got a look at myself. My hair was hanging, and I looked like something that had been dragged through a knothole. On the mirror, up on top, was a poster that was rather popular at the time. It showed this Army nurse in starched fatigues, with her hair done, and her lipstick just perfect, and it said, "The most beautiful woman in the world, the Army nurse." I thought, "You have to be shitting me." I just couldn't believe it.
>
> —ARMY NURSE MARY ELLEN SMITH, DESCRIBING HER FIRST DAY IN VIETNAM, AUGUST 1968

In April 1969, the U.S. Army ran a full-page advertisement in the *American Journal of Nursing* (*AJN*). Under the heading "Officer. Nurse. Woman," an attractive, young nurse, wearing fatigues and carrying surgical scissors in her pocket, stood smiling. This confident and determined officer, nurse, and woman appealed to other women to join her in the Army Nurse Corps (ANC), where she was "heading up her own staff," "making her own decisions," and "working where it counts." Calling on women like her to become army nurses, she emphasized, "Today's Army Nurse can do more. As an officer. As a nurse. As a woman."[1] Without directly mentioning the Vietnam War, this nondescript nurse offered women a way to "do more. For my Country, my career, and myself." Dressed in green fatigues and surrounded by flora, she could have been any one of the 803 nurses then stationed in Vietnam.[2]

The recruitment of army nurses was nothing new, but social and cultural changes in the 1960s and early 1970s posed unfamiliar challenges for the army as it recruited nurses for Vietnam. In prior wars, the military had successfully used images of feminine duty and national service to encourage nurses to join.

During World War II, for example, the Red Cross (which coordinated all military nurse recruitment) emphasized the importance of patriotic duty in advertisement slogans such as "You are needed now. Join the Army Nurse Corps," while also linking nursing to femininity through a popular advertisement that boasted, "Save his life . . . and find your own."[3] As the emerging women's movement challenged society's popular understandings of women's roles in the early 1960s, however, the army could no longer rely solely on traditional images of women to recruit nurses for the Vietnam War. Moreover, the controversy surrounding the war precluded the use of idyllic depictions of women's duty to support the troops. Recruitment materials would have to incorporate new understandings of duty, nursing, and gender in their appeals.[4] They would have to convey what it meant to be an "officer," a "nurse," and a "woman" in the 1960s and early 1970s in a way that would entice large numbers of nurses who did not necessarily agree about those definitions themselves.

"The most serious personnel procurement problem"

As the army considered how best to recruit nurses, it faced several additional challenges and a profession in the midst of change. Foremost among other complications was a national civilian nurse shortage. Increased life expectancy, the post–World War II baby boom, and the expansion of health insurance boosted demands for more healthcare providers to perform the increasing number of medical treatments and procedures Americans sought.[5] The number of practicing nurses actually increased in the postwar period, but even more than a 50 percent increase between 1954 and 1966 could not meet the swelling demand. The federal government, professional nursing organizations, and hospitals across the country continued to complain of a nurse shortage throughout the 1960s, and the National League for Nursing (NLN) estimated that 344,000 positions out of 1 million would be vacant by 1970.[6] There were simply not enough nurses to accommodate the increase in patients and hospital stays.

The army faced its own shortage, at least partly self-inflicted, which began with the downsizing after World War II. Thousands of nurses who had signed up in the patriotic fervor after Pearl Harbor left the corps, many of them forced out by a reduction in needs and by government limitations on the percentage of women in the army.[7] After reaching peak strength of 57,000 nurses in 1945, the number of nurses in the ANC dropped to 5,979 two years after the war's

end. The number continued to fall throughout the late 1940s and 1950s, except for a brief, modest increase from 1950 to 1951 during the Korean War.[8] The military's policy of discharging women who became mothers significantly contributed to its shortage, particularly in the post–World War II context of early marriages and a baby boom, until the army began to allow mothers to remain in the corps.[9] By 1963, with a peacetime authorized strength of 5,000, ANC numbers had fallen to 2,981, which meant that the corps was short 2,019 nurses.[10] During a nationwide nurse shortage, though, many civilian nursing leaders were unsympathetic about the army's falling numbers. Several army recruiters complained that nursing schools were defensive and protective of their students and did not allow military recruiters on their campuses.[11] The *New York Times* even argued in 1966 that the nursing shortage "has been somewhat aggravated by the war in Vietnam."[12] The ANC's efforts to establish the Walter Reed Army Institute of Nursing (WRAIN), an army-sponsored baccalaureate program, in 1968 likewise prompted resistance from many in the civilian nursing community, who feared the army would entice students and future nurses away from the civilian sector.[13]

The federal government considered the nurse shortage to be so serious that in 1961 it established the Consultant Group on Nursing to advise the surgeon general of the Public Health Service on matters related to the shortage. Composed of representatives from the American Nurses Association (ANA), the NLN, the American Medical Association, and several prominent nursing schools and hospitals, the group urged an increase in federal support for nursing education at the associate, diploma, baccalaureate, and graduate levels. Even more, the Consultant Group pointed out that attracting more people to the field was of utmost importance.[14] In 1964, the federal government responded to these suggestions by passing the Federal Nurse Training Act, a program that devoted more than $287 million to building nursing schools, expanding nursing education programs, and providing tuition assistance for nursing students.[15] But even with a promising job market and federal aid to support nursing education, hospitals still found it difficult to recruit enough nurses. At the center of these challenges were the historical gendered and racial constructs of the nursing profession itself.

Until the late 1800s, family members provided nursing care in the home. Usually, as an extension of their assumed domestic duties and feminine virtue, women performed this care.[16] The advent of formal nursing education in the 1870s, under the leadership of Florence Nightingale, solidified the ties be-

tween nursing and femininity. Following her work for the British government in the Crimean War, Nightingale became the primary voice in nursing education. She believed, contrary to popular opinion of the time, that nurses needed to be trained systematically before they could begin practice. But while she helped institutionalize the education of nurses, she also ensured that nursing would become a profession primarily of women. Nightingale believed all women had innate characteristics that enabled them to be nurses. As she wrote in the preface to her 1859 *Notes on Nursing,* "every woman is a nurse."[17] In her view, nursing was a natural extension of women's maternal and domestic roles; education merely supplemented women's intrinsic caretaking ability.[18]

American nursing schools institutionalized Nightingale's gendered beliefs and linked nursing to women, domesticity, and femininity through a hierarchy in which female nurses learned and practiced submissiveness to male physicians. Hospital schools' required residency reinforced paternalistic notions of gender as male physicians monitored and supervised female nursing students. Moreover, as hospital schools increasingly began to rely on their students for labor in exchange for little pay, the nursing profession acquired connotations of low value, low status, and submissiveness. The understanding of nursing as an extension of women's domesticity had created nursing schools that mirrored society's gender roles and made the trained nursing profession a feminized one in America.[19]

To say that nursing was feminized does not mean that only women were nurses. With the formalization of nursing education, however, the opportunities in the field for men diminished. Although several early nursing schools had no official prohibition against male students, the required residency of students in the hospital essentially excluded men. The men who managed to become nurses attended schools most often segregated by sex, which trained them in the fields of psychiatry and urology, where masculinity was thought to be important. From the 1950s through the early 1970s, about 1 percent of nurses in the United States were male.[20]

The ANC mirrored this pattern of feminization and male exclusion until the army's need for nurses after World War II forced it to open the corps to men. The founding of the ANC—or as it was then called, "Nurse Corps (female)"—in 1901 legally excluded men from the corps, including those who had served as military nurses before the corps' creation.[21] Although many male nurses sought to gain entrance to the corps during World War I and World War II, the army barred men until 1955, when it began to admit them

to the ANC Reserve. Men remained excluded from the army's educational funding program for nurses until 1962 and from the Regular Army until 1966.[22] As the army opened the corps to men, the percentage of male nurses in the ANC steadily rose to a much larger portion of the corps than of the civilian nursing population, to 13.1 percent in 1964 and 20.2 percent in 1966.[23] The addition of men to the corps was a watershed in military nursing, a substantial change with which the corps would have to contend as it recruited nurses for the Vietnam War. As a significant part of the corps during the Vietnam War, male nurses chipped away at—but did not completely dismantle—the traditional feminization of army nursing.

In addition to being segregated by sex, nursing education and practice had been segregated by race since the beginning of Jim Crow. Prior to emancipation, the practice of nursing was racially integrated. African American slaves and freedwomen commonly nursed white children and adults. However, the legal status of freedom, won at the same time that nursing schools began to professionalize the field, imparted a new definition to nursing that incorporated increasingly institutionalized ideas about race.[24] New racial etiquette demanded that African Americans not have the physical contact with whites that nursing required. The ANA and the National Association of Colored Graduate Nurses worked to integrate the profession throughout the twentieth century, especially during nurse shortages, when segregation undeniably worsened the situation, but in 1963 African American students were only 3.1 percent of the total student nurse population.[25] Although the percentage of African American nursing students rose throughout the decade, by academic year 1971–1972, the percentage of African American student nurses remained low, only 7.2 percent.[26]

The racial makeup of the ANC was similar. Until the 1948 integration of the military, the army accepted few African American nurses, all of whom served in segregated units and treated only African American patients.[27] By the time President Lyndon B. Johnson ordered troops into Vietnam, the army and the ANC had been officially desegregated for seventeen years, but the corps was largely not integrated. It is unclear exactly what percentage of nurses in the ANC during the Vietnam era were African American, or indeed any other racial or ethnic category, though the percentage seems to have been low. Corps recruitment materials did not focus appreciably on attracting minority applicants. Of the twenty-nine advertisements that the ANC ran in nursing journals and magazines between 1963 and 1972, only one contained a picture

of an African American student nurse, and that advertisement appeared in May 1972, after specific recruitment for the Vietnam War had ended.[28] The brochure *A New Career . . . U.S. Army Nurse Corps* included no pictures of African American nurses, though the brochure *The Bright Adventure of Army Nursing* contained several. By the early 1970s, though, race was becoming a more prominent issue. Some recruiters visited historically black colleges to recruit African American nurses.[29] Army officials did not call their efforts "affirmative action," remembered one nurse recruiter, "but we knew what was going on."[30] Still, in the fall of 1972, the army's own nursing program—WRAIN—enrolled no African American students. Spurred by protests, the ANC began to recruit minority nurses, specifically African American students, to the program.[31]

ANC Chief Anna Mae Hays (1967–1971) and other ANC officials insisted that the corps did not discriminate based on race but that the low numbers of African Americans resulted from the inferior secondary education they received, which in turn made them less prepared for nursing school.[32] No doubt other organizations and professions cited the same reason for their own lack of integration, but the corps' recruitment materials reveal that it made little effort to attract more minority applicants. Including more African American nurses in its recruitment literature would have forced the army to confront questions of whether to feature African American nurses intimately caring for white soldiers (images that would have highlighted African American women as sexualized) and how to depict African American nurses in romantic situations. Given the increased attention the civil rights movement brought to issues of racial discrimination, and particularly discussions of racial discrimination in the army's disproportional use of African American combat troops early in the Vietnam War, it seems highly unlikely that the corps devoted no thought to its own racial makeup or to such questions about image. Instead, the lack of concerted effort to recruit more minority applicants until the early 1970s suggests that the corps chose not to combat its own segregation until it could no longer ignore the issue. This policy maintained the ANC as an overwhelmingly white organization and thus preserved the image of the professional military nurse as that of a white woman, even as the military itself became increasingly diverse.

The status connotations of the profession provided yet another recruitment challenge. As primarily a woman's occupation, nursing had never offered great financial rewards. The Consultant Group noted in 1963 that the relative low pay nurses received detracted from the appeal of the career.[33]

Three years later, the Department of Health and Human Services surgeon general William H. Stewart attributed the problem of enticing more nurses in part to low job satisfaction—chiefly, low salary.[34] Moreover, until 1968 the ANA required its nurses to pledge that they would not strike, and until 1974, the 1947 Taft-Hartley Labor Management Relations Act excluded nonprofit hospitals from the requirement to recognize the bargaining rights of employees. This combination of limitations effectively barred nurses from forming unions to negotiate collectively for higher wages and better working conditions.[35] When some nurses began to picket or resigned their positions in attempts to secure better wages and working conditions in the mid-1960s, the press decried their actions as an "un-nurse-like act" and asked, "Who ever expected the woman in the starched white uniform to take a page from her unionized sisters?"[36] Low wages and limited career advancement no doubt deterred many from the profession, particularly men who expected to be primary breadwinners for their families.

These common complaints registered in the ANC as well, although direct comparisons between army nurses' and civilian nurses' pay are difficult. A strict comparison of salaries put the army below civilian hospitals. For example, in 1963 ANC Chief Margaret Harper (1959–1963) remarked that entry-level civil-service nurses made more than a beginning second lieutenant army nurse.[37] The army surgeon general said in 1970 that novice military nurses made less than civilian nurses "at least for the first two years" and suggested that if the ANC increased nurses' pay, it would have greater success in recruitment.[38] What made the difference in military and civilian pay—and what could have made up the difference—were fringe benefits the army offered in housing, healthcare, education, and retirement (though some civilian hospitals also offered these benefits to meet their own nursing shortages). However, the surgeon general doubted the importance of such benefits, which he believed held "little meaning for the young single officer, especially the female, upon entry to active duty."[39] While many nurses had anticipated low pay, fewer beginning nurses were willing to settle for low salaries or wait for the long-term benefits when their professional options were expanding.

Second-wave feminism also contributed to the nurse shortage by expanding employment options for women, a change the ANC began to notice in the early 1950s. "Professional nursing as a career is still attractive to young women," ANC Chief Mary G. Phillips (1947–1951) wrote in a statement prepared for the Defense Advisory Committee on Women in the Service. "How-

ever, the increasing number of career fields open to women today presents keen competition as the adverse attitudes in regard to women in professional schools and industry no longer exist."[40] By the 1960s and 1970s, the question of a woman's chosen profession had become a political one for many women, who saw their rejection of traditionally feminine nursing as a stand against gendered occupations. Some feminists urged women to move from such conventionally feminine professions as nursing, or, as they described it, "one of the ultimate female ghettos from which women should be encouraged to escape."[41] Whether or not women embraced feminism, they increasingly enjoyed more employment options, and proportionally fewer women entered the nursing profession. Feminism also changed many of the gendered connotations of the profession as nursing organizations and leaders adopted the language and strategies of organized second-wave feminism to bring more power to nurses in their education and work. Even for nurses who did not identify as feminists, the profession was becoming more independent and less deferential and subservient.[42] The nursing profession was anything but static as gender roles changed in American society.

Until the Vietnam War, the ANC's shortage of nurses was an annoyance, one it managed by having corpsmen perform clerical and supply duties to free nurses for patient care, and by hiring civilian nurses to augment the nursing staffs in stateside hospitals.[43] Civilian nurses, however, could not be assigned overseas, so the ANC more frequently had to assign army nurses to isolated (and often less desirable) assignments where civilian nurses were not readily available.[44] But in October 1962 a more critical problem with the shortage became apparent. When the ANC assigned active duty nurses to four field hospitals and two hospital trains during the Cuban Missile Crisis, base hospitals were left short staffed, and the army realized that the low numbers of army nurses posed "a hazardous situation in the event of a national emergency."[45] Two months later, the secretary of the army warned, "Recruiting enough young women to be Army nurses is the most serious personnel procurement problem the Army faces today."[46] When a "national emergency" arrived in the form of President Johnson's call-up of ground troops for deployment to Vietnam in 1965, the ANC faced an immediate and unavoidable need for active duty nurses, particularly for positions in Southeast Asia. The ANC would need approximately five thousand additional nurses in the next two years.[47]

The ANC had to recruit nurses, of course, because the corps had no other way to procure them. "Physicians, dentists, and other health personnel which

are predominantly male were subject to the draft for procurement," one ANC official noted, but "the nursing fields have traditionally been female and not subject to these procurement devices."[48] The federal government drafted male nurses in April 1966 to help alleviate the continuing shortage of nurses for the Vietnam War, but the draft did not produce near the requested number.[49] The Selective Service developed a plan to draft female nurses if called upon, but despite the army's complaints of a nurse shortage throughout the war, it never drafted women.[50]

Although women were exempt from the draft, the general wartime environment and growing antiwar movement shaped the ways in which recruiters molded their message. While there is no way to determine how many nurses did not join the army because of the chance they would be sent to Vietnam, it seems reasonable to assume there were many. Several ANC recruiters believed that public antimilitary and antiwar attitudes complicated their efforts to make an army nursing career attractive, particularly to younger and student nurses. Army nurse Betty Antilla, who recruited in the Minneapolis area, remarked that her work was "a constant challenge, and was disheartening at a time, when encountering the anti-Vietnam, and anti-military sentiment that prevailed especially in the colleges. Active volunteerism was at a low ebb."[51] Another army official echoed her thoughts, complaining, "There are too few of the strictly idealist, patriotic RN's to meet our needs."[52] Antiwar attitudes even affected the corps' ability to assign some nurses to recruitment duty. Anne Miles was one of the first army nurses assigned to Vietnam, in 1965, but after her tour she developed a strong opinion that the United States should not be involved in the war. When a recruiter asked her to speak on a radio show in Newark, New Jersey, about the need for nurses, she refused because she did not want to "proselytize."[53]

The ANA debated these questions of feminine patriotic duty and wartime nursing at its May 1968 convention. Officially, the association had supported a nurse draft since 1952, but the Vietnam War raised the issue anew. After much floor debate, including a statement of support from Antilla, the ANA approved a resolution that would support an additional draft of nurses (men and women) if one became necessary.[54] Letters to the editor in the *AJN* continued the debate after the conference. One Illinois nurse protested that the ANA "found it politically useful" to pass the resolution and suggested that military nurses supported "military aggressiveness."[55] Others criticized her antimilitary stance and argued that nurses should care for all those in need, regardless of

the person or situation.[56] The difference among the nurses over the question of the draft seems largely related to age; the following year the National Student Nurses Association passed a resolution opposing the drafting of nurses, a move that set the student nurses in opposition to the ANA.[57] Younger nurses seemed less willing to face a draft given the controversial nature of the war and the likelihood that they would be among the draftees.

Recruiting nurses for Vietnam was a very different task than it had been during World War I and World War II, when thousands of nurses readily volunteered for military service. Recruiters for the Vietnam War had to entice nurses into the ANC and in the process confront a wide variety of issues, including the controversy surrounding the war, changing public attitudes about the roles of women and men, and changing definitions of nursing.

Operation Nightingale

Just before the Vietnam War, the United States Army Recruiting Command (USAREC), the entity responsible for all army recruitment, assumed responsibility for nurse recruitment. USAREC divided the task into five geographical army areas, then specific recruiting regions.[58] Until 1962, the ANC had recruited nurses itself through the Surgeon General's Office, but with the impending need for nurses in Vietnam, a more wide-reaching organizational and publicity structure became necessary. Mildred Clark, who was assigned to the Surgeon General's Office for the task of ANC procurement in the late 1950s and later became ANC chief (1963–1967), believed that the move was a good one. The corps had few resources and little army support in its efforts, but once organized with all other army recruitment, it had more financial and administrative assistance.[59] All army recruiters were trained in issues specific to ANC recruitment and had access to the army's *Recruiting and Career Counseling Journal,* which regularly featured stories on the ANC and offered helpful tips to recruiters.[60] Intensive nurse recruitment began in early 1963 with Operation Nightingale, the ANC's major recruitment drive, which lasted throughout the war. Operation Nightingale consisted of the usual efforts to attract nurses—school, hospital, and conference visits—and involved a high level of publicity. Articles about the ANC's need for nurses appeared in newspapers across the country, along with the local recruiter's contact information.[61]

At the height of recruitment efforts, forty-three nurse counselors and more than one hundred enlisted army recruiters worked to sign up nurses and pub-

licize the ANC.[62] Army nurses—called "nurse counselors" because Clark believed the term "recruiters" would offend nursing school administrators—were assigned to recruiting main stations that covered broad geographical regions, supervised by district coordinators who oversaw the activities of nurse counselors in their areas. The counselors were the link between the ANC and the candidate; they counseled interested individuals and then oversaw the application and commissioning process.[63] Enlisted army recruiters who aided the ANC did not always welcome the additional responsibility. In April 1963, when USAREC asked recruiters in the First U.S. Army area to recruit one nurse each as part of Operation Nightingale, an ANC official noted that the task "really stirred up a hornet's nest among the enlisted recruiters."[64] Because the recruiters had to fill even larger quotas of men for all types of positions, the task of recruiting nurses probably seemed a nuisance to many. At least one enlisted recruiter, however, enjoyed "working with 25 of the best looking student nurses from the University of Virginia." Featured in the army's *Recruiting and Career Counseling Journal* as an example of a successful recruiter, Johnny Guyton's enthusiasm for nurse recruitment ostensibly served as a reminder to other recruiters that they, too, could "work with beautiful women" by helping to enlist army nurses.[65]

Each counselor and recruiter organized activities for her or his specific area, although they all followed the same basic methods. They visited high schools, colleges, universities, nursing schools, career fairs, and civilian hospitals to distribute information and give informational lectures. The nurse counselor at the Indianapolis Recruiting Main Station, Isma L. Bishop, for example, visited the Indiana University School of Nursing on January 9, 1963, where she spoke with thirty-five students and conducted personal interviews after her lecture. She also visited DePauw University, Henry Ford Hospital in Detroit, and several area high schools, as well as attending the Indiana State Nurses Association Convention.[66] Occasionally, army recruiters cooperated with air force and navy recruiters, who were also seeking nurses.[67] Some recruiters placed displays with pictures of army nurses and army life, informational brochures, and contact information in department stores and shopping centers.[68] The army also produced several radio announcements about the need for nurses, which stations ran free of charge as public service announcements.[69] Some nurse counselors, like Betty Antilla, developed even more creative tactics; she acquired the help of Minneapolis minor league baseball players to make radio announcements calling for more army nurses.[70] In addition, the army pro-

duced several short videos on the ANC, including *Nursing in the Armed Forces, The Army Nurse—Soldier of Mercy,* and *Today's Decision. Tomorrow's Reward,* which could be used in school or conference presentations.[71] The ANC also broadcast its recruitment campaigns on national television through commercials that emphasized the immediate need for nurses.[72] The corps even sent two former Vietnam nurses, Julie Klebaum and Katherine Schilling, on a cross-country recruiting tour, during which they were introduced on the *Ed Sullivan Show* and visited the White House. Klebaum also appeared later on NBC's *The Today Show* with former chief of the ANC in Vietnam Margaret Clarke.[73]

To facilitate nurse recruitment in all parts of the country, USAREC coordinated the production of recruitment materials. While some innovative recruiters developed their own supplementary materials for use in local areas, most recruitment advertising was produced centrally to ensure "accuracy, eye-appeal, and salability to the people we need so desperately within the military establishment."[74] In developing these materials, USAREC worked with the advertising firms Ketchum, MacLeod, and Grove and, beginning in 1967, N. W. Ayer. These companies held the contract for producing all army recruitment advertising, though the ANC materials made up only a small portion of the overall army recruitment effort. The process of developing these ads from start to finish was a give and take relationship between USAREC and the advertising firms. The ANC provided assignment, pay, and other pertinent information to the firms, who worded it in ways believed to be appealing, then submitted drafts that were edited and approved by USAREC and ANC officials. The advertising agencies hired professional photographers to shoot many of the photographs featured in these ads. Some of the nurses in these photographs were actual army nurses and others were models, but ANC officials later expressed little consensus about which were which in the photographs.[75] Local army public information officers usually shot the candid photographs of hospital situations or army locations.[76] Ultimately, everything in ANC recruitment materials had to be approved by the chief of the ANC, a position held by four successive women during the Vietnam era.[77]

The corps used two book-style brochures—*A New Career . . . U.S. Army Nurse Corps,* printed in 1962, and *The Bright Adventure of Army Nursing,* printed in 1969 and 1971—as the main recruitment brochures throughout the war.[78] Approximately 8.5 by 11 inches, printed in color with several photographs and testimonials, they detailed the different army hospitals and assignment locations, the specializations one could pursue in the ANC, living arrangements,

and potential off-duty activities. Other, smaller (approximately 5.5 by 8 inches), full- or partial-color brochures include *What Are You Doing Tomorrow?* printed in 1968, and *Pride, Prestige, Professionalism. The World of an Army Nurse,* printed in 1969.[79] In addition, the ANC used several small, one-page, tri-folded pamphlets with basic information on commissioning requirements and educational assistance programs.

The army also placed twenty-nine one-page advertisements in the professional nursing journals *AJN, Nursing Outlook, RN,* and *Tomorrow's Nurse,* as well as in the popular magazines *Life, Mademoiselle,* and *Glamour.*[80] The army paid for each printing of an advertisement, with a one-page advertisement in *AJN* costing a little over $1,000 and a one-page advertisement in *Glamour* costing approximately $4,900 in the mid-1960s.[81] Most of these advertisements included a mail-in form one could complete and send to USAREC headquarters to receive more information on the ANC.[82] The majority of advertisements ran in 1968 and 1969—when the corps had the most nurses assigned to Vietnam—and the fewest ran in 1964, just before the ground war began.[83] In March 1972, as the number of troops and nurses assigned to Vietnam dramatically declined, USAREC directed that the type of "want ads" used during the war cease. Thereafter, advertisements focused on the corps' educational programs.[84]

Of course, the ANC's recruitment materials, like all army recruitment materials and advertising in general, do not paint a completely accurate portrait of life in the corps. Appeal, not accuracy, is the objective of recruitment advertising. What is important about these appeals is how the army chose to portray nurses, the nursing profession, and gender. All military advertisements rely heavily on images of gender roles, and this recruitment literature was no different. In their images and descriptions of nurses, recruitment materials shed light on how the army responded to such concerns as the nationwide nursing shortage, increasing requirements for army nurses, and social debates about acceptable gender roles.

As a whole, recruitment advertising images and descriptions of army nursing depicted a unique combination of professional and personal rewards for the prospective nurse. Materials described the army as the one place where women could find equality with men, where nurses received the respect and support they deserved. At the same time, the ads assured women that the army would not deprive them of their femininity; rather, it would aid them in fulfilling their most feminine roles. As Cynthia Enloe argues, this combination of

professional and personal appeals was not coincidental. Historically unfavorable images of women associated with the military required that the army offer alternative images of its nurses as "proper, professional and well protected." Yet, to make military training and discipline seem worth the effort, Enloe continues, "military recruiters feel they have to portray military nursing as at least socially up to date, and even socially (romantically) advantageous."[85] Both types of images appeared in the army's recruitment literature for the Vietnam War.

The image of the army nurse put forward in these materials was not entirely progressive, nor entirely traditional. She was a complex nurse, one who blended traditional and modern definitions of femininity, gender roles, and the nursing profession. The blending of these ideals, however, did not always come across smoothly. Advertisements and brochures often seemed to contradict themselves in their messages, sometimes even within one advertisement. Moreover, traditional images of army nursing and gender roles did not progress neatly into more modern images as time passed. Indeed, one theme of these materials is their constancy in mixed messages. Except for three advertisements that appeared in journals shortly after President Johnson's call-up of ground troops in 1965 and the shift in focus to educational assistance programs in the early 1970s, the ads vary little during the war. This odd mix of appeals and images reveals both the army's attempts to reach as broad an audience as possible and its difficulties in resolving what it meant to be an officer, a nurse, and a woman in the army.

Officers and Nurses

Literally, of course, a member of the ANC during the Vietnam era was both an officer and a nurse. In that regard, appeals that promised women they would become officers and nurses were factual. However, recruitment materials did more than simply state that one would be an officer and a nurse in the ANC; they defined, described, and illustrated what these things meant. The advertisements asserted that as officers in the army, women would experience an equality with men that they would not find in the civilian world. As nurses, they would enjoy educational support and practical training unmatched by any civilian employer. Recruitment materials assured women that being an officer and a nurse was a progressive move for them; the ads affirmed that they would not be subordinate, even in the traditionally masculine military.

Advertisements emphasized that army nurses enjoyed equality, leadership roles, and respect because they were officers. Officer status had been a longtime concern of the ANC in particular and of the army in general because it suggested an elite standing in the army and, for a nurse corps that had been exclusively female until 1955, a separation from the masses of men that filled the enlisted ranks. Being an officer had been a way for the ANC to impart a level of respectability and professionalism to its nurses that would preserve their image as women.[86] Moreover, as the burgeoning women's rights movement called attention to barriers limiting women in their careers, officer status became a way for the army to position itself on the side of occupational equality for women. Because nursing students and nurses who joined the ANC began their careers as second or first lieutenants or captains, depending on their nursing experience, they outranked many of their male coworkers and patients and ranked equally with several others. Thus, being an army nurse provided a way of enjoying, at least in theory, equal status with men.

The text of brochures and advertisements frequently described officer status as providing the means to overturn traditional gender and healthcare hierarchies. "The visible rewards of Army nursing are fitting and satisfying," one advertisement promised. "The prestige of being an officer. The pay."[87] As an officer in the traditionally masculine military, a woman could assert her ability to be a leader, "heading up her own staff."[88] An advertisement entitled "The genuine article" asserted, "you get the rank and privileges a real nurse deserves."[89] Even beginning nurses "work with a top-notch team," another boasted. "Army medical services are good—they have to be. And Army nurses have the full professional status they deserve, with assistants to help them in minor duties."[90] Civilian nurses were likely to begin their careers doing the jobs of one of these "assistants," but recruitment materials assured nurses that officer status would impart a degree of equality in the hospital. As an army nurse, you could "concentrate on professional duties only," "work with your patients, not your pencils," and enjoy "freedom from many dull and routine duties which others accomplish under [your] direction."[91] Free from tedious and time-consuming tasks, the army nurse is "released to take her proper place at the side of the doctor, who welcomes her as a partner and colleague, to concentrate on the job she knows best and enjoys most."[92] These appeals addressed nurses' common complaints about the limitations of their work and created a more attractive and progressive picture of nursing.[93] As officers, nurses would be leaders in the army, and partners and colleagues in the hospital.

Even while emphasizing the respect and equality army nurses enjoyed, however, recruitment materials were careful not to overstep all the military's gender hierarchies. In *A New Career,* the experiences of Captain Edna Croce, a thirty-three-year-old nurse from Boston, reveal the tensions between the army's promise of equality and its established gender norms. Described as a "tall, rangy girl," Captain Croce was an operating room nurse who taught operating room procedures to medical corpsmen, first during her assignment to Korea and then at the Medical Training Center. The accompanying photograph of a roomful of Croce's attentive students positioned the potential army nurse in front of the classroom of enlisted men, in charge and in control as Croce was. But while Croce suggested that her authority over men was unique to the army—"Where else could I get this kind of life?" she asked—she also was careful to point out that her students were "enlisted men, not officers," and that each man behaved "like a mother hen when he has patients to care for." Croce might have worn her uniform "as though she had been born to it," but the brochure also subtly pointed out that women's authority over men was limited. Croce instructed men, but only those who behaved like mother hens, certainly not all men in the army.[94]

Despite these subtle limitations on the extent to which one's rank provided equality, rank did provide nurses with the tangible benefit of equal pay. Because one's pay was based on rank and not on profession, the ANC could guarantee nurses that they would be "earning as much as men" in their position.[95] Without directly stating that nurses would earn as much as physicians—which would have been unlikely given the limitations on women's rank until 1971 and the fact that most physicians entered the service at higher ranks than nurses—advertisements suggested that army nurses' pay was not diminished because of their sex. Moreover, "Your pay increases each time you are promoted and it automatically increases as time goes by." In a time when most nurses could not collectively bargain for better wages, the army assured them, "You'll know when you'll get a raise. You won't ever have to ask for one."[96] ANC advertisements did not directly compare the salaries of its nurses to those of civilian nurses, but they did imply that only in the army would nurses rank and earn equally with men.

Along with equal pay, the ANC offered financial freedom for young single women as a major selling point, one that allowed nurses, like "this young lady from Leheighton, Pa.," to have a life that few women could. She "has been to Naples, speaks a little Japanese, and is specializing in O-R nursing."[97] The *A*

New Career brochure, which featured several army nurses' perspectives on such issues, relayed the experiences of Mary Elizabeth Perrucci from Newark, New Jersey, who had joined the Army Student Nurse Program (ASNP). Second Lieutenant Perrucci explained why she had joined the financial assistance program: "[My] father makes a pretty good living, but we're a big family. He couldn't help me out too much when I was at nursing school. I took a part-time job, but it's hard, working and going to school at the same time." After joining the ASNP, "the Army gave me an allowance and paid for my living quarters. I couldn't have made it otherwise."[98] By joining the ANC, nursing students like Perrucci could find the financial independence that would allow them to get an education, even if they could not afford it, and to live independently, without ties to their families or a husband.[99] Equal pay and financial freedom were a progressive offer that seemed to support women's independent careers and lives.

The army also boasted that its nurses, as officers, "stand out as respected Americans in the foreign countries where they serve."[100] USAREC commanding general Donald H. McGovern, in a letter to nurses who had declined an ANC commission, emphasized the respect he believed army nurses received. In an effort to convince the nurses to reconsider their decision, McGovern wrote, "Nurses who have joined the corps and served with this illustrious organization are indeed proud of their accomplishments, have gained a superb reputation and are held in the highest esteem by our nation and the membership of all other world communities." He then highlighted the benefits of such service by promising "respectability, social recognition, advancement, pride in accomplishment and personal satisfaction."[101] The letter assured women that nursing was not a menial task but was one that, when practiced in the "illustrious organization" of the army, afforded women a level of respect they were unlikely to find elsewhere. Though she may have still been performing a job many feminists believed was too traditionally feminine, the army nurse could find comfort in knowing that the army treated her as an equal to men, afforded her prestige and responsibility, and provided her with the keys to an independent life. She did not have to be treated unequally because she was in a traditional woman's occupation; she would be respected worldwide for being an army officer. Through these advertisements, America's most traditionally masculine organization and employer portrayed itself as being on the cutting edge of feminism's fight for equal job opportunities. In the army, women were officers, equal to men of their rank, regardless of their profession.

In addition to creating an image of the army as a place for women to find equality through rank, ANC recruitment materials avowed that the army valued nurses at a time when women enjoyed an increasing number of career options. Advertisements applauded nurses' dedication to the nursing profession. One advertisement featured a young girl in a white nurse's uniform with a first aid kit and a bandaged doll. "The reasons you wanted to be a nurse are good reasons for being an Army Nurse," the text confirmed. Particularly in an era when other medical careers were open to women, this advertisement reassured them that the army valued their childhood dreams of being a nurse and would "put your training to work where it is needed most. Where you could practice clinically. Grow professionally."[102] Another showed an army nurse tending a wounded soldier and said, in words that appealed to an assumed desire for caring, that a nurse can "bandage a war . . . a wound at a time. A person at a time. With all your skills as a nurse. With all the cheerfulness in your heart. You do it because you want to. You do it because you're an Army nurse."[103] Advertisements like these encouraged women to act on what the army assumed were their childhood dreams and adulthood desires to help others, while emphasizing that their dreams and desires were worthy of professional dedication and development.

Even women choosing a traditionally feminine career were not conforming to social prescriptions for women because army nursing was "a progressive type of nursing experience." Moreover, army nursing was not a stagnant career. "Each assignment is a challenge, a chance to learn something new, do something different."[104] Army nursing, according to recruitment materials, affirmed women's desires to be nurses, developed their skills, and enabled them to "tackle modern nursing's most stimulating jobs."[105] Materials highlighted the experiences of women who had felt stymied in their work as civilian nurses but found a new kind of nursing in the army. For nurses like Captain Barbara Pedersen, who "did not find her job particularly interesting, nor did she see any hope of real improvement in her life," the ANC was the way to take control of her future.[106] "When I wanted a change, I got it," Captain Croce remarked in one brochure. "In the Army, the more you want to do, the more you *can* do, the more chances you get."[107] Only in the army, which "will offer you greater variety, scope, growth and experience than any other nursing career in the world," did nurses "enjoy a true nursing career."[108] Even the use of the word "career" suggests that the army recognized many women's desire for a professional career, not merely a job to pass the time before mar-

riage or children. "Professional considerations should form the basis for planning the future," one brochure emphasized, affirming that choosing a career was a legitimate decision for young women.[109] These types of proclamations reassured women that army nurses had complete control over their careers, even as they joined a military that would dictate their assignments and work.

One way the ANC affirmed that it was committed to a nurse's career was through its educational programs, primarily the ASNP. Most recruitment advertisements included a mail-in form through which a "student nurse interested in financial assistance" could request information on the program. The ASNP, a financial assistance program in which the army funded a portion of a student nurse's education in exchange for corresponding years of active duty service, began in 1957 and continued throughout the Vietnam War.[110] An average of six hundred nursing students participated in the ASNP each year during the Vietnam War, and the program was the corps' most productive recruitment tool. A similar program, the Registered Nurse Student Program, provided pay and allowances for practicing nurses who could earn a bachelor's or master's degree within one year, but this program did not bring many nurses into the corps—386 in fiscal year 1968, compared with 953 gained through the ASNP. The army also acquired nurses through WRAIN, its four-year army-run baccalaureate program, whose graduates began three years of active duty service upon graduation.[111] After the number of nurses assigned to Vietnam began to decline in the early 1970s, educational funding became a main focus of advertisements, with attention-getting headlines such as "Stay in school and send us the bill," "We'll pay $10,000 to help you get your degree," and "If you're an RN studying for your degree, we'll pay for you to study."[112] By placing such emphasis on the educational development of nurses, the advertisements assured them that the army was committed to their educational development. In the army, nursing was not simply tending to wounded soldiers, but was the ideal way to further one's education while exercising personal devotion to patients.

The army also sought to demonstrate its commitment to nurses' education through its various nursing specialty programs. "Let the Army bring out the specialist in you," one advertisement coaxed. "You may have a talent for specialization that's not going anywhere special. That's a pity. And a waste . . . The Army Nurse Corps can help you do something with your talent. Bring it out."[113] Some advertisements focused on a specific specialty, such as anesthesiology, operating room nursing, or public health nursing, and showed nurses

on the job in these specialties.[114] These advertisements asserted that the army's commitment to nurses' specializations was unlike that of any other employer. When materials stated that the ANC was "second to none in clinical and professional opportunities," they implied that other types of nursing did not fully develop a nurse's talent.[115] According to the advertisements, the army provided unequaled opportunities for intellectual development that would increase each nurse's value to the larger medical team. She would be more than a nurse; she would be a dedicated professional, equipped in a particular nursing specialty.

In addition to educational support and specialization opportunities, the army boasted that it provided nurses unparalleled opportunities and challenges. Army nurses worked with the "most modern medical equipment," one advertisement proudly claimed, while another explained that they worked in "modern hospitals second to none."[116] Even being in a war zone would not diminish a nurse's opportunities to work with the most advanced medical technology because "field hospitals take modern medicine directly to the combat soldier," one brochure affirmed.[117] In particular, the Medical Unit Self-Contained, Transportable (or MUST hospital, an updated MASH), initially used in Vietnam, was "field medicine's most remarkable development" and "will bring the latest equipment and facilities to army field hospitals around the world."[118] In the army, these materials implied, a nurse would have to rely on her resourcefulness, yet she would be in the most clinically advanced hospitals both in the United States and in a war zone.

Nursing in war was not something the corps could ignore in its recruitment literature. The Vietnam War was, after all, the reason the corps had to recruit so fervently. Advertisements and brochures characterized the war as a challenging opportunity for nurses who were willing to work in a "field hospital a brief helicopter flight from battle."[119] Recruitment materials routinely suggested that army nurses worked on the front lines in Vietnam, sometimes by showing nurses working in field hospitals, but more often by showing wounded soldiers. These images implied that war nursing was exciting and challenging, while minimizing the potential danger. Most working scenes in recruitment advertising were clean, sterile environments where nurses in white tended to freshly shaven and bandaged young men. The ANC minimized the real danger many nurses would face by suggesting, "Your greatest and most rewarding challenges will be in the care of wounded soldiers. Many Army Nurses find their finest hours in the combat zone."[120] This kind of nursing was not for the

faint of heart, but recruitment literature challenged nurses: "Match your skill and dedication to your patients' courage and sacrifice."[121] Army nurses could not participate in the war in the same way that soldiers did, but advertisements assured nurses that their service was no less valued by the army.

By highlighting that a woman could be both an officer and a nurse, the army promised a career unlike any other, one in which women enjoyed equality with men, respect in their career, educational support, and exciting assignments. Through direct or implied comparisons to civilian nursing, recruitment materials suggested that army nursing was the route to professional and personal growth. The tantalizing offer of excitement and challenge promised a heroic career in which army nurses faced the danger of war and performed admirably. Through these appeals, the ANC assured potential recruits that even a hierarchical and masculine institution like the army valued women and treated them with more respect than did other civilian employers. It affirmed that women who chose a traditionally feminine occupation like nursing could still be progressive, that army nursing itself was progressive and devoted to the betterment of its nurses.

Women

While promising women new opportunities and challenges as officers and nurses, the army also defined what it meant to be a woman in the army. Although the nurse corps had admitted men in 1955 and included a significantly larger proportion of male nurses than did civilian nursing, recruitment materials linked army nursing with traditional notions of femininity. Just one of twenty-nine advertisements featured a male nursing student, while recruitment brochures included male nurses only to show the uniforms they wore.[122] It seems USAREC's directive "to have a few male nurses represented in the over-all collection of photographs" was an afterthought, an attempt to include men on a token basis.[123] More important than the numerical misrepresentation of male nurses, though, were the materials' careful portrayal of nurses as feminine in appearance, army life as conducive to women's interests and heterosexual romance, and nursing as inherently feminine. Traditional understandings of feminine nurturing and comfort, particularly in the context of nursing, appeared as natural and essential parts of army nursing. These qualities made good nurses, enabled them to perform national service, and enhanced their relationships with their patients. By featuring young, attractive

female nurses, the army advertised the ANC as a respectable career for women and upheld traditional ties between military wartime nursing and femininity. Thus, while the materials promoted army nursing as a progressive career for an officer and a nurse, they also portrayed service in the ANC as a way to be a woman.

For a nursing corps led primarily by women who had been nurses during World War II, matters of feminine respectability were crucial elements of all recruitment advertising. Women in the military during World War II had endured public questions about their sexuality and respectability during their wartime service, and these experiences shaped the women's later beliefs of how to mold the public images of military women. A 1962 survey of army nurses reinforced their concerns for respectability as the corps began contemplating ways to recruit for the Vietnam War. The survey, conducted by the research department of the advertising agency Dancer-Fitzgerald-Sample, advised that the single most important factor to consider in recruitment was that most student nurses did not hold the long-range career goals held by older nurses who had joined the corps directly. Younger women wanted to marry and have children and, if possible, to continue their careers as army nurses.[124] The study noted that compared with the younger student nurses, those who entered the corps through a direct commission were older and had more concrete career goals as nurses and army officers. They considered educational support, opportunities for specialization, and retirement benefits important reasons for joining the ANC.[125] Still, ideals of womanhood were important for these women, who were "single and very conscious of it." They felt disconnected from other women, who were married and had families, and therefore sought a different environment where they might meet men to date as well as other single women in the same situation.[126]

Popular images of military women could also be deterrents to recruitment, the survey revealed. Several army nurses surveyed believed that their friends who had been interested in the corps failed to join because of the prevalent image of military women as sexually promiscuous or unfeminine.[127] These images had created the belief for some that women "just do not go into the Army. It is not considered the thing for a woman."[128] One nurse said that her "mother is still afraid of what I'm going to be like when I get out," while another nurse's friend did not join the ANC because her father and brother "practically threatened to disown her if she went into the Army."[129] The study suggested that to overcome this obstacle, recruitment materials should emphasize

that army nurses were officers who enjoyed a heightened level of prestige and respectability, as well as a degree of social separation from enlisted men. One nurse's "boyfriend was aghast" when she initially mentioned joining the ANC. "But when I explained that I would go in as a Second Lieutenant he thought it was okay."[130] The distinction of being an officer proved essential in appeasing disapproving friends and family members. The combination of being an officer and a nurse seemed a safeguard against public fears of the military's effects on women, and the study recommended that the ANC emphasize this distinction.

In addition to advertising, recruiters used visits to nearby military hospitals and attractive female recruiters to combat negative images of army life and army women.[131] Lynn Calmes Kohl joined the ANC after being "wined and dined" on one such trip.[132] Recruiters reported favorable feedback from participants and found that the trip "brings good results and does much to dispel the misconceptions many girls have of Army life and Army nursing."[133] On a trip to Fort Polk, Louisiana, in May 1963, seventeen student and professional nurses toured the base hospital, listened to a former army nurse describe her experiences in the corps, attended a reception and dinner dance "with their bachelor officer escorts," and attended church services on Sunday morning. Through the much-choreographed schedule of this two-day visit, potential recruits learned of the possibilities of a heterosexual social life that awaited them as army nurses.[134] At an Army Nurse Night, held by three nurse counselors at Carlisle Barracks, Pennsylvania, in November 1969, prospective recruits learned the basics of ANC programs and army life and, in an indication of the army's desire to stress the feminine look of its nurses, enjoyed a fashion show of the various ANC uniforms.[135] The motivational study also suggested that young, attractive female recruiters could be key figures in dispelling many of the myths about army women and could serve as models for what potential recruits might become as army nurses.[136] One nurse described the recruiter who visited her school as "short and stocky and [having] more masculine tendencies." The nurse did not find her an appealing representation of army nurses but "thought the Navy was much more feminine simply because one recruiter was only about 25, tall, slim, and dressed to kill—in her uniform she looked super duper."[137]

Each of the recruiting brochures and advertisements followed this idea of having feminine women represent the corps and featured nurses who were pretty but not so attractive as to seem extraordinary. Having attractive models

and nurses in recruitment materials was an understandable objective. As one civilian aide to the ANC pointed out, recruiters needed to offer an image of "attractive gals who look in a uniform like the youngsters they are trying to recruit would like to look."[138] These attractive women, though, also countered popular but unfavorable images of military women as mannish. *The Bright Adventure of Army Nursing* tackled the problem outright when it posed the concern many young women (and their friends and families) likely harbored: "Will military life make me 'militarized,' less feminine?" "Hardly," the brochure responded. "As an officer in the Army Nurse Corps you are truly a professional woman, but no less a woman than you can be in any other pursuit."[139] *A New Career* illustrated exactly how women were able to balance their professional and feminine sides through two photographs of army nurse Major Mildred Farber. In one picture, Major Farber wears fatigues and boots as she helps a wounded man to a field hospital. In the other, she is wearing an elegant dress, has styled her hair, and is serving coffee to the two couples and single man—presumably her date—in the background. If Major Farber could wear both fatigues and a dress as an army officer and nurse, the images implied, so could other young women.

Recruitment materials used alluring photographs and descriptions of the army nurse's various uniforms to confirm its claims that army life would not make women "militarized" or less feminine. The first spread of pages in *The Bright Adventure of Army Nursing* immediately addressed the question of uniforms, or "appearances at the onset," even before information on basic training, assignments, and specializations. "Some nurses hesitate to apply for commission in the Army Nurse Corps," it conceded, "because they think it will be all uniforms, all marching, all snapping to attention," but countered that nurses' uniforms "are becoming, distinguished, and save a lot of what-to-wear-today decisions."[140] *A New Career* featured a foldout page with a picture of a nurse in each of her various uniforms. Largely missing from these pictures were the fatigues that nurses wore in war zones, including Vietnam. In their aim to assure women that the military would not impose a masculine image on them, recruitment materials relied on the traditional image of the nurse in white when depicting nurses at work. When images did show nurses in fatigues, the accompanying text reassured women that even wearing combat fatigues would not deprive them of their femininity. The images of Major Farber wearing fatigues and then a dress illustrate this point, as do many of the photographs throughout the brochures. "I worked hard, wore field clothing all

day," lamented a Korean War nurse in *The Bright Adventure of Army Nursing*. "But I did wear pretty things, party dresses, in the evening."[141] These images represented the various facets of army life but also emphasized that the "beautifully tailored uniform" would not deprive women of their femininity.[142]

Advertising also promised women that army life was woman friendly. In a description of some of the fringe benefits of being an army nurse, one brochure listed free medical care, food allowances, social functions, and housing quarters. It also claimed that a regimented army life offered all the accoutrements of civilian life. "On-post or off," the brochure asserted, nurses "enjoy adding decorative accessories bought in their travels, growing plants or gardens, hanging pictures and curtains, as all women love to do." It continued to describe the post exchange as a "well-stocked shop carrying everything—cosmetics, jewelry, lingerie, bathing suits, sportswear and sports gear, frying pans and ice buckets; good brands at reasonable prices."[143] Another brochure linked the army's oft-touted promise of travel to what it assumed all women wanted. "The world will be your shopping bazaar," it teased. "The painting you found on the Left Bank, the silk robe you picked up in the Far East—will be treasures to remind you of the wonderful time you had when you were there."[144] These advertisements affirmed that the army provided women the means to enjoy the things "all women love to do."

In an effort to portray military life as accommodating to women, recruiting materials also depicted the army as an ideal place to find eligible bachelors. The army adapted its regulations during the mid-1960s so that marriage no longer ended a woman's career in the army, but ANC officials continued to complain that marriage was the greatest cause of personnel loss for the corps.[145] Nonetheless, the army must have considered it beneficial to advertise itself as a matchmaker because when USAREC requested photographs from each recruiting district, it explicitly directed, "At any social event try to have the nurse pictured with a male officer escort." More specifically, this man was to be a particular kind of eligible bachelor. "Whenever possible," USAREC noted, "the men photographed with her should be typical of the trim, combat-ready soldier or the technical soldier in a responsible position."[146] Materials reflected this wish and suggested that army nurses had plenty of opportunities to meet men. One advertisement did not even question whether young army nurses would have dates but asserted that "your dates will probably range from quiet dinners at the Officers' Club to a rousing evening in a discotheque."[147] Another hinted at the possibilities for romance both "On and off duty." This

revealing advertisement proclaimed, "Army Nurses have a better life," illustrating its claim with side-by-side photos of a nurse on duty, working with a male doctor, and off duty, slowly dancing with a man.[148] Careful not to risk evoking images of women as camp followers or to suggest that the army encouraged sexual promiscuity, advertising asserted that such dating would lead to marriage. "Your Army friends will last a lifetime," one brochure boasted. "Don't be surprised if a diamond crops up on your left hand!"[149] Another advertisement emphasized that such occurrences were the way of life for army nurses: "If a diamond crops up on your third finger, left hand, it won't surprise us a bit. We're used to it."[150] In advertising that suggested army nurses would effortlessly enjoy the attention of eligible men, the ANC promised women the opportunity for romance and marriage, reassuring them that an army career did not stand in the way of one's personal life but in fact enhanced it.

Having established that its nurses were heterosexual and sufficiently feminine, the army linked such qualities to good nursing. No advertisement emphasized the importance of feminine good looks and charm to nursing more than the one highlighting the face of a young nurse. Described as "The most beautiful girl in the world," she looks down on the reader much as she would look down at a patient, symbolizing the service of all army nurses: "She is an Army nurse. This is how she looks to a wounded American soldier. No woman ever looked more beautiful. She is comfort. She is assurance. Because of her, in a short time his pain and shock will go. His memory of battle will fade. Today our wounded soldiers in Vietnam have a better chance of recovery than any soldier in any war. And the Army nurse is one of the most important reasons why."[151] Without ever mentioning the medical care this "beautiful" nurse would provide or the nursing skills she would use to help the patient recover, the advertisement implied that her good looks were a vital part of the comfort, assurance, and recovery the wounded soldier received. Her beauty countered the brutality of the war, allowing the soldier to forget his pain and the war in which he had been wounded.

Women brought a sense of domesticity and normative heterosexual relationships to the war zone, recruitment materials suggested. In "Be the nurse you were meant to be," a nurse walks through a field hospital at night, using her flashlight to check on patients. This image evoked the historic image of Florence Nightingale, who had been sent to the Crimean War in part to create a domestic environment in the hospitals. Here, the lady with the lantern became the lady with the flashlight. The accompanying text mentioned that

nurses were needed for their skills and training. However, it too emphasized that femininity was a crucial part of the healing equation. You were needed, it told potential ANC nurses, "for your woman's touch. Your cheerfulness. Your reassuring smile in the middle of a long night."[152] General McGovern's 1969 letter similarly maintained that a wounded soldier "looks to the Army Nurse as the person who will respond to his every need." Reiterating the army's expectation that female nurses established a sense of domesticity, McGovern described the nurse as "an Angel of Mercy in providing him with the love, care and the respect which psychologically he feels he had lost once he departed home and found himself on foreign soil and wounded as a result of battle."[153] Away from home, young soldiers relied on their nurses, the letter suggested, to restore normal social relations. The seemingly all-American young soldier featured in "Thanks" provided a face to demonstrate the idea that nurses "restore a patient's spirit as well as his health." Featuring a man lying in his bed, smiling at the viewer, the advertisement cautioned that soldiers might not know how to say thanks, but "you can see it in their eyes. Hear it in their voices. Feel it in your heart."[154]

These assertions that femininity played a vital role in wartime nursing also appeared in the three advertisements that most directly confronted the army's need for nurses in the Vietnam War. Beginning in October 1965 and running through January 1967, these advertisements featured pictures of wounded and bandaged soldiers in an attempt to evoke sympathy from the reader. True nurses with compassion, after all, would certainly respond to the question repeated monthly in *AJN* from January to September 1966: "Won't you take a minute to learn how you can help him?"[155] Another asked, below a picture of a wounded soldier being treated in the field by a medic, "Could you face yourself and the oath you took when you became a nurse if any of them suffered needlessly because there were not enough nurses?" The advertisement challenged nurses to respond to the question by asserting, "*You* won't let it happen. No one who chooses a nursing career lacks a sense of duty . . . or compassion."[156] The third advertisement relied on the same themes, while linking nurses' duty to heal and comfort the wounded soldiers to women's historical wartime roles. "Our fighting men deserve the finest nursing care America has to offer," the text stated. "And in times of conflict, American nurses have always answered the call to help heal and comfort our wounded . . . Act now! You *are* urgently needed!"[157] Compassionate American women, recruitment materials suggested, would gladly assume their historical role of nurturing

wounded and vulnerable soldiers. Their assumption of these traditionally gendered roles would ensure that even as women became respected army officers and progressive professional nurses, their primary purpose remained that of healing and comforting American boys.

Nursing the nation's wounded soldiers, other advertisements affirmed to prospective army nurses, allowed them to serve "both your career and your Country in these critical times," and enjoy the "satisfaction of helping your Country in a way few women can."[158] A direct mail campaign emphasized this dual nature of army nursing as a woman's role and her patriotic duty. "Army nursing," the chief of ANC recruiting wrote to professional nurses, "is a service to mankind with a unique kind of double reward: you can serve yourself as well as your country."[159] For a personal perspective on patriotic duty, one advertisement said, "Ask an Army nurse about patriotism and she'll tell you about nursing." Specifically, "She'll tell you what it's like to work in a field hospital in the jungles of Vietnam. To care for a soldier minutes after he's been wounded."[160] As another advertisement pointedly stated below a picture of a nurse caring for a wounded soldier, gender and patriotism were linked. "Our boys need real nurses," the text explained. "They need the genuine article. They need you."[161]

The army's assurances that it would not deprive women of their femininity and that it valued women served several purposes. Foremost, featuring young, attractive nurses who wore flattering uniforms, applied makeup, fixed their hair, and dated handsome men countered popular stereotypes of military women as mannish. The heterosexuality advertised by the army also answered fears that military women were either homosexual or promiscuous. The predominantly male army environment did not pose challenges to women's femininity but instead facilitated marriage. Linking nursing to historical notions of feminine comfort and nurturing promised women that though they might serve in unfeminine places like war, they would still perform and were needed for the traditionally feminine roles of providing comfort and reassurance, for their touch and smile. The "woman" projected in these materials outwardly exuded femininity, even while the army promised to treat her as an equal to men and to value her as a capable professional nurse.

Despite its recruitment efforts for the Vietnam War, the army did not succeed in acquiring the number of nurses it desired. Officials complained of shor-

tages in the ANC until the steady decline of nurses after a peak in January 1969.[162] Throughout the war, however, ANC officials were careful to specify that the shortage of nurses was not affecting the medical care provided to troops in Vietnam. "Fortunately, the Army Nurses volunteered to go to Vietnam. There were very few exceptions to that," stated Lillian Dunlap, ANC chief from 1971 to 1975. "It was only toward the end of Vietnam that we had to put people on assignment to Vietnam who might not want to go over there as their first choice."[163] Some nurses disagreed with Dunlap's assessment of their assignment, but the corps did manage to prevent public concern over the nurse shortage.

Although the recruitment materials did not procure the desired number of nurses, the promises of career, educational, and personal advancement combined with appeals to traditional femininity, patriotism, and duty provide important insight into the army's response to the gender debates of the era. These appeals illustrate what values the ANC and the army held as important. They also reveal the army's attempts to blend progressive and traditional definitions of femininity and nursing. While the army adopted a broader definition of nurses' roles to include equality and career advancement, it also resisted a complete redefinition of nursing by showing nurses as traditionally feminine in appearance and by emphasizing femininity as an important quality of army nursing. The army significantly expanded the idea of nursing in its recruitment materials but stopped short of challenging the basic connection between nursing and a woman's role. She might have been a progressive nurse, specialized, and treated equally, but she was still needed for her touch, smile, and reassuring beauty. She was still needed to restore a sense of domesticity to the troops. Women could be respected leaders who received equal pay, but they would be officers within the masculine organization of the army. Women could educate themselves and advance their career, but in the army, they would be nurses in a traditionally feminine role.

Recruiting nurses for the war involved more than printed recruitment materials or visits to nursing schools. During the Vietnam era, the ANC changed dramatically. As the army integrated men into the nursing corps and removed restrictions on the ranks women could achieve, these changes highlighted the army's gendered assumptions about nurses and suggested the challenges the corps would confront in its use of nurses in Vietnam. The men and women who joined the corps also challenged traditional notions of the role gender

played in one's citizenship obligations and in nursing, even as their motivations hinted at the lingering influence of tradition. The army did not reflect all of these changes in its recruitment materials, instead providing its version of the ideal army nurse. That nurse was one who incorporated both traditional and progressive ideas of femininity and nursing, one who was indeed an officer, a nurse, *and* a woman.

CHAPTER TWO

"An officer and a gentleman"

Gender and a Changing Army

> What really struck me was the real sense of people getting hurt and injured and my being a nurse and that I just had this sense that I could, almost that I had an obligation to serve. I was brought up in the environment where my father and his brothers and all of his friends were World War II veterans and there was this sense of obligation to do that . . . It was kind of like wanting to live up to him and what he did . . . I literally came home on my way home from work one day and stopped at the army recruiter's and said, "I'm a nurse and I want to go to Vietnam." And they said "sign here."
>
> —ARMY NURSE JOAN FUREY

Before their first assignment, new army nurses attended the Officer Basic Course, held at Fort Sam Houston's Medical Field Service School. Whereas soldiers attended a basic training course meant to prepare them physically for the rigors of combat, members of the Army Medical Department (nurses, physicians, dentists, veterinarians, administrators, dietitians, and therapists) attended a basic training course intended to introduce them to medical care in the army. Before the buildup for the Vietnam War, the course had been longer, but the army's need to send increasing numbers of nurses to Vietnam forced the medical department to shorten it. In six weeks, nurses learned administrative and record-keeping procedures, army protocol and hierarchy, medical department organization, and methods of treating common war wounds. Their preparation for war involved touring a makeshift Vietnamese village and practicing map-reading skills.[1]

Most nurses enjoyed their time at Fort Sam but did not take their training as seriously as the army might have hoped. For many young nurses in particular, this trip was their first substantial trip away from home. As Susan Kramer O'Neill explained, "it was the first real apartment type living that I'd ever

done."[2] Free from parental or school restrictions on their comings and goings, many nurses enjoyed their newfound freedom to the fullest. "Oh God, we partied hardy," Jennifer Lundberg fondly recalled. The hardest lesson for her at Fort Sam was "learning how to stay awake all day while, you know, while you partied all night."[3] The jovial atmosphere surprised Mary Curts, who described basic training as "not at all what I was expecting." She and her friends partied at night, then went to formations in the morning, "sometimes without seeing our rooms other than maybe to put our clothes on for the day."[4] A sense of freedom accounted for many young nurses' relaxed behaviors, but as Lundberg explained, impending assignments to Vietnam added a heightened sense of anticipation. "Everybody, not particularly the nurses, but all the guys with us knew they were going to Vietnam," she explained. "This was the last hurrah."[5]

Much of the nurses' training consisted of learning military protocol that often seemed irrelevant to new army nurses who were unfamiliar with army culture. "Why do nurses know how to march?" Diane Carlson Evans asked. "Why do they have to know how to salute?"[6] Medical training seemed more relevant to their work as nurses. Courses taught them the damage shrapnel and bullets could do to a body and the different ways in which they would have to treat wounds because of Vietnam's tropical climate. Like Kate O'Hare Palmer, they also practiced performing tracheotomies on goats.[7] The nurses' army medical training was, Evans described, "a lot of just playing war games, learning how to carry a gurney, practicing on bodies that, you know, were bloody, and putting on splints."[8] Nurses found their practical test in map reading more exciting, though most still failed to approach the task very seriously. After a short course, the army grouped the nurses in teams, provided them compasses, and dropped them in a remote field with the task of reaching an assigned point on their map. Anne Simon Auger and her group were not too proficient in the task, but "we never had so much fun," she declared. "We got lost twelve times to Tuesday—it didn't matter."[9] O'Neill, self-described as "directionally challenged," had similar map-reading experiences. The army "sent in a helicopter and picked us up because we were so far out in the field," she laughed. But as both she and Auger described, the nurses were not worried about their deficiencies in that part of their basic training. "It wasn't like you failed anything," O'Neill explained. Besides, she reasoned, the army had little leverage in motivating nurses to perform better. "If I screw up," she asked, "what are they going to do, send me to Vietnam?"[10]

Nurses later considered their experiences in basic training to be less than ideal in preparing them for what they would face in the war. "I hated [the army] for years for not training me better for Vietnam," Auger noted, "but I don't think it could possibly be done. I don't think you can train anybody or teach anybody to experience something that horrible without having them simply live it."[11] For Lynne Hudson, the primary shortcoming of her training was that it did not educate her about the political background of the war or introduce her to Vietnamese culture. "Everyone knew they were probably going to go to Vietnam in some period of time," she explained, but the course did not provide them with any information on "the core political structure . . . What was the background to this war, where were the leaders?" she asked. Even more, "We knew nothing about the religions . . . and we didn't know one word of Vietnamese, nothing about their culture, what was appropriate in terms of how to greet somebody, how to call on somebody. To them we were ugly Americans in that respect."[12]

Although the nurses' training introduced women and men equally to the ideas and practice of army nursing, the Officer Basic Course also introduced nurses to the army's understanding that women and men should perform different roles, even as nurses. The 384-hour basic course was the same for men and women except for 22 hours. During that time, men learned weapons training and practiced combat maneuvers. They received the same three hours of instruction in the .45 pistol that women did, then spent an additional four hours learning the M14 rifle. Men also spent three hours practicing firing "to obtain experience in engaging electrically operated targets at various ranges."[13] In another thirteen hours, the men trained on day and night infiltration courses in which they maneuvered through an obstacle course "under simulated combat conditions" and then practiced field marches and bivouacs. Finally, they spent two hours learning how to wear the army's various uniforms and insignia.[14]

By contrast, women received only three hours of weapons training, in which they learned the "characteristics and capabilities of the cal .45 pistol, with emphasis on safe operation and safety features, aiming, selected firing positions, and range procedures."[15] But even among the women, many had different experiences in this particular section of the course. Some, like Hudson, had to learn to fire the weapon, but she described that training as "very, very simple; very simple. I mean, they weren't going to ever not let anybody join the military in the medical field because they didn't qualify."[16] Others, in-

cluding Sara McVicker, did not get the opportunity to fire the pistol. "They showed us how to load a .45 and that was it," she recalled. "We didn't even handle it." She later asked for weapons training and learned to shoot an M16 rifle. Knowing how to fire a weapon, she explained, "made me feel a little less helpless about being able to protect myself if worse came to worse."[17] In general, the army provided women minimal weapons knowledge and combat preparation. "We didn't do any of the courses, or run through the obstacles," O'Neill noted. The army, she believed, "didn't even care if we were fit or not, just as long as we were breathing."[18]

Uniforms and insignia composed a much greater portion of the women's training. To balance the twenty-two hours that men spent in weapons training, women spent an additional twenty-two hours learning the ANC's "Various uniforms, how and when worn, placement of insignia."[19] Lundberg and her friends "always laugh about" this part of the training, she noted. The class, Lundberg remembered, "was a training in how to get in and out of a car with your skirt, with your Class A's on." The point, she believed, was to learn "to be the lady." Apparently not yet accustomed to the army's sense of respectability, one nurse asked, "Well, how do you get out of the backseat of a car?" to which the instructor responded, "Officers do not get into backseats of cars." "We didn't discuss getting into the backseat of a jeep though," Lundberg laughed, "which is where we found ourselves getting in and out of."[20] Once thoroughly trained in how—or how not—to exit a car, the women's supplementary training also included courses on operating field hospitals and an "Orientation to field duty, fieldtype quarters, and field living, with emphasis on problems commonly encountered by female officers living under field conditions."[21]

Most indicative, though, of the army's gendered nature was a card that Evans received while in training. The nurses, she explained, "were to carry [the card] at all times in our pocket." The card explained "what it means to be an officer," but the most important part for Evans was its statement "You are now an officer and a gentleman." She later laughed about the bias, noting that the army "hadn't quite got up to speed, and this is even late 60s, but now I'm a gentleman."[22] Some nurses, of course, were officers and gentlemen. Most were not. To these women, the army's erroneous declaration that they were now gentlemen foreshadowed the challenges they would face in the army and in Vietnam in breaking through well-established notions about women's place in the military.

Integrating Male Army Nurses

If all one knew about army nurses during the Vietnam War came from the images the army used to recruit for the war, one would reasonably conclude that all army nurses were women. But despite the public image of army nurses as attractive young women, between 20 and 30 percent, or between 1,000 and 1,500, of the army nurses who served in Vietnam were men.[23] The inconsistencies between the army's images of nurses as women and its use of large numbers of men in the war reveal the tensions that male nurses posed to the military. Confronted with a need to integrate men into the ANC in the mid-1950s, the army had to face its gendered assumptions about nurses and then carve a new place for men in the corps. It would, a decade later in Vietnam, once again contend with lingering assumptions about the relationship between gender and nursing, but the opening of the corps to men had changed the essential definition of an army nurse and altered the gendered division of the military.

While distinctions can be made between nurses and those who nursed, between trained and untrained nurses, the false assumption that all nurses throughout history have been women prohibits an understanding of the gendered makeup of the work and those who have performed it. Men have trained and worked as nurses throughout history, albeit in proportionally smaller numbers than women. Men have also nursed in the American military from its beginnings. During the Revolutionary War, the Continental Army employed men to attend the wounded, but because of the small size of the army, preferred to use men as soldiers and therefore contracted women as nurses. Women again worked as nurses during the War of 1812 and during later wars in the nineteenth century, but in times of peace, the army used men—called stewards, mates, or corpsmen—to provide nursing care.[24] Military nursing was not yet completely associated with feminine gender roles, but the word "nurse" seemed to connote characteristics such as nurturing, caring, and tenderness that the military wished to avoid associating with men.

The beginnings of formal nurse education in the late nineteenth and early twentieth centuries ushered in the feminization of nursing that would largely exclude men from the practice. Nurse training schools reflected Florence Nightingale's belief that nursing was a natural extension of feminine maternal and domestic characteristics and began to train women as nurses.[25] Men who

trained as nurses did so primarily in schools exclusively for "attendants" and later worked only in men's wards and fields thought to require less intimacy—and therefore less femininity—than general nursing care, such as psychiatry.[26] As the broader nursing profession became feminized, the overall numbers of male nurses in the United States waned. In 1910 7.4 percent of trained nurses were men. That number had fallen to 2.4 percent by 1950.[27]

Military nursing mirrored this wider trend. During the Civil War, the army again used male stewards and soldiers as nurses and contracted large numbers of female nurses under the supervision of Dorothea Dix. An indication of the growing association of nursing with (and the desire to create) a respectable kind of femininity, the army required these female nurses to be matronly, at least thirty years old, plain in appearance and dress. After the war, men continued to provide peacetime nursing care in the army, and in 1887 Congress founded the army's Hospital Corps to provide men training in basic medical care and hospital administration.[28]

The Spanish-American War marked a considerable change in military policy regarding the use of men as nurses. As civilian nursing education was moving the field toward greater association with femininity, the broader climate of concern about masculinity surrounding the war also shaped the discourse about men's martial obligations.[29] When war broke out, the Hospital Corps resisted hiring trained female nurses because officials believed that women would create logistical hardships for an army at war and feared that stewards would not submit to women's authority in hospitals. However, the demands of the war and the prevalence of several communicable diseases necessitated hiring more trained nurses, and the army turned to the greatest source of trained nurses available—women. To avoid problems of authority, male nurses worked in separate hospitals, supervised by male authorities. But as the war progressed, the previously resistant army officials developed a preference for women. As the thoughts of one official indicated, the preference stemmed from the trained nurses' transformation of hospital sanitation and patient care, and their gender. "The effect of their presence was excellent upon the morale not only of the patients, but of all around them, antidotal to nostalgia and discouragement," the official declared.[30] Nursing in the military was becoming a matter not only of medicine, but also of morale.

A few years after the Spanish-American War, the exclusion of male nurses, even in peacetime, from the newly founded army nursing corps (Nurse Corps

[female]) ensured that military nursing became legally and culturally feminized. Though the sexual definition indicated by the original name was dropped and the corps renamed the Army Nurse Corps in 1918, it retained its sexual exclusivity for the next half century.[31] Men sought commissions as military nurses during World Wars I and II, but without success. Officials simply believed that male nurses would upset the gendered division of nursing practice. The comments of Representative Walter H. Judd (R-Minnesota), a World War I army physician, during congressional debate about a possible nurse draft in World War II reveal the extent to which many people associated nursing with feminine subservience. Men could not be nurses, he claimed, because nurses performed "a variety of intimate offices and quasi-menial services" for their patients. Women, he believed, "can render these duties without incongruity, while men of rank could not."[32] Interestingly, the military admitted female physicians to the medical departments in 1943 and admitted women to many previously all-male military roles throughout World War II.[33] Yet, the military firmly resisted men entering the feminine world of nursing. Instead, male nurses who volunteered or were drafted into the military served as soldiers, even if assigned to the medical department. Men certainly continued to "nurse" but did so as "medics."

In the years after World War II, though, as the nation and the corps both faced a nursing shortage and no wartime need for large numbers of soldiers, Congress considered several bills to admit men to the nursing corps. The debate over these bills once again revealed the military's belief that nursing was feminine. Some doubted that male nurses would accept orders from female supervisors, while others questioned how male patients would respond to male nurses. Even more, given their assumptions that men who nursed were effeminate, and in a context of heightened Cold War fears about homosexuality, army officials contemplated how to admit men to a corps that denied nurses the right to marry and have children.[34] In sum, male nurses posed challenges to the gendered dichotomy of the military, and any dissent from this historical characterization of military service prompted great debate.

What ultimately proved crucial to congressional approval of commissions for male nurses was an understanding that they were necessary for specific, masculine roles. Representative Frances P. Bolton (R-Ohio), who proposed the bill that admitted men to the ANC, testified that "there are some nursing jobs for which men are best fitted." "At all times," Bolton argued, male nurses "will

fill a great need in psychiatric wards of hospitals and other specialized wards and in assignments really exacting too much of women. In time of war, they could be very literally in the front line."[35] A representative of the American Psychiatric Association agreed. While he blamed the military's exclusion of male nurses for the low numbers of men in the profession, he also reasoned that men were useful for particular functions. Psychiatric patients "may need to be controlled by physical force, and the nursing personnel on the wards are sometimes exposed to dangerous attacks." In addition, patients "may tend to take off their clothing," he warned. They "may be over erotic and sexually perverse; sometimes their toilet habits have deteriorated . . . it is not at all uncommon for men patients to be extremely hostile toward women."[36] Sex-based roles for the army's new male nurses helped preserve the traditionally feminine roles the army expected of female nurses. As Christine L. Williams argues, "the establishment of gender distinctions was key to gaining acceptance for men in nursing. As a result, the integration of the nursing corps was accomplished without any challenge to occupational sex segregation."[37]

This specification of particular roles for male nurses and the argument that they would be especially valuable in wartime proved persuasive, and the ANC began to accept men on August 9, 1955.[38] Tellingly, though, the men could only join the reserves, a limitation that preserved the more advantageous Regular Army for female nurses and prohibited men from advancing to higher-ranking positions in the corps, including the position of ANC chief. Because regulations then prohibited married women from being in the Regular Army, allowing in men who were free to marry would have been obviously discriminatory and might have resulted in a corps dominated by men in the higher ranks. The limitation of men to the reserves prohibited them from advancing beyond women in the corps. The nurse corps remained a woman's organization; men had simply been added to it in a subordinate status. To amend the situation, Representative Bolton proposed bills to grant male nurses status in the Regular Army, but Congress defeated the proposed legislation in 1961, 1963, and 1965. "It wasn't that anyone was against it," ANC Chief Mildred Clark believed, "it was a matter of just getting to it. It didn't have any priority because they were already commissioned so lawmakers did not feel too strongly about it."[39] But if equal status for male nurses was not a concern of Congress, the issue was a greater concern for the ANC, especially after it began to relax prohibitions against married women in the Regular Army. "The present legal

restriction barring appointment of male Army Nurse Corps officers in the Regular Army is of great concern to the Surgeon General," Clark stated in 1964. "Its passage is hoped for as soon as possible."[40]

Despite the limitations on male nurses' career potential, soon after the ANC began accepting them into the corps, it had a higher proportion of male nurses than did civilian society. Throughout the Vietnam War, the overall percentage of male nurses in the United States remained around 1 percent, while the percentage of male nurses in the ANC was much higher.[41] "We have attracted," Margaret Harper boasted in 1963, "a reasonable share of that group. We anticipate that we will have more—and may I clarify it for you—we welcome them!"[42] By 1966, 20.3 percent (753) of the corps was men, 97 of whom were among the 330 army nurses stationed in Vietnam.[43] That same year, as the ANC faced an unavoidable need for nurses and a dwindling supply, male nurses appeared a good source of additional help. With no other immediate way of securing large numbers of nurses, in April 1966, Secretary of Defense Robert S. McNamara issued Special Call Number 38, a draft of seven hundred male nurses for the army and two hundred for the navy.[44] However, most male nurses in the country had already met their service obligations, and the draft produced only 151 male nurses for the ANC.[45]

By 1966, particularly after the April draft exhausted the male nurse supply, equalizing opportunities and benefits in the corps seemed even more crucial in the effort to attract male nurses. An information sheet the ANC prepared for use before the House Committee on Appropriations justified the integration of male nurses into the Regular Army by arguing that Regular Army status would attract more men to the corps and help to abate the continuing nurse shortage.[46] The secretary of the army similarly urged the Senate and House Committees on Armed Services to approve the bill, because he believed it would "encourage the retention of qualified personnel on a career basis."[47] By then, the army had begun to allow married women to serve in the Regular Army, so admitting married men raised no questions of discrimination. Still, the committees' reports noted that male nurses were more likely than women to remain in the corps "because family responsibilities are not as likely to terminate the career of a male nurse"; therefore, admitting men to the Regular Army appeared to be a way to secure career nurses.[48] In light of these arguments, the House and Senate Committees on Armed Services recommended that the bill pass. With President Lyndon B. Johnson's signature on September 30, 1966,

Public Law 89-609 granted male nurses equal status and opportunities in the ANC.[49] Soon, the army would lift the restrictions on women's career potential as well.

"A new protocol"

On June 11, 1970, in a public Pentagon ceremony, army Chief of Staff William C. Westmoreland and army Surgeon General Hal B. Jennings promoted ANC Chief Anna Mae McCabe Hays to the rank of brigadier general. She, along with Women's Army Corps (WAC) director Elizabeth P. Hoisington, had been nominated for the promotion by President Richard M. Nixon the previous month. Together they became the first women generals in the U.S. military. It was, Hays remembered, "a great day for the Army Nurse Corps."[50]

Hays had been an army nurse since early 1942, when she joined the University of Pennsylvania's Reserve Hospital Unit in the wake of the Japanese attack on Pearl Harbor. In January 1943, she and the other members of the unit traveled to India, where they spent the next two and a half years working at the 20th General Hospital. Though filled with patriotic fervor at the beginning of the war, Hays had not initially planned to make this tour the beginning of a nearly thirty-year army career. Fortunate to have been given the option to remain on active duty at the end of World War II, she decided that she was happy in the army and chose to remain in the corps. She held many assignments during her career, including two in Korea and one at Walter Reed Army Medical Center, where she served as one of President Dwight D. Eisenhower's personal nurses. Through the army's educational programs, she earned a master's degree in nursing administration, then became assistant chief of the ANC in 1963 and chief in 1967. Despite her many accomplishments, Hays remained humble. Her general's stars "represent no special merit of mine," she emphasized at her promotion ceremony, "but rather they reflect the dedicated, selfless, and often heroic efforts of Army nurses throughout the world since 1901 in time of peace and war."[51]

For the ANC, this day had been a long time coming. Since 1901, army nurses' status and rank had changed many times. At the founding of the corps, army nurses had no rank at all and thus held little authority in hospitals. During World War I, they still held no rank, though several nursing organizations, the ANC, and the Navy Nurse Corps succeeded in winning relative rank for the nurses after the war.[52] The designation of relative rank gave the nurses

rank in name only; they did not receive equal pay, status, benefits, or authority with others of their rank until World War II. These benefits came slowly, however. When the war began, nurses still held relative rank, but in 1942, to attract more nurses to the military, Congress granted them equal pay for the duration of the war plus six months. In June 1944 it granted them temporary commissions with all the benefits of their rank for the duration of the war plus six months.[53] After the war, military nurses continued to push for permanent commissions, a status secured with the passing of the Army-Navy Nurses' Act of 1947. This measure provided permanent commissioned officer status with equal pay and allowances for nurses but stipulated that the highest rank army nurses could attain was lieutenant colonel (the ANC chief would hold the temporary rank of colonel only during her tenure).[54] Throughout the 1940s and 1950s, Congress continued, in small increments, to allot the ANC more officer positions and to remove regulations limiting the highest rank army nurses could achieve.[55]

As equal rights for women—particularly equal opportunity in the workplace—became a more politically charged issue in the 1960s, the limitations on military women's rank again surfaced as a public issue. In 1962 the Defense Advisory Committee on Women in the Service requested that the Department of Defense remove restrictions on women's military careers, but Secretary of Defense McNamara rejected the suggestion. Later that year, the committee tried a new tactic and requested that President John F. Kennedy's Presidential Commission on the Status of Women consider the restrictions on women's rank in the military. The commission found the military's sex-based promotion system to be discriminatory toward women and so directed the Department of Defense to amend a proposed bill on military personnel issues to remove these restrictions. The military, however, already opposed the bill, which was not introduced in Congress for the next several years. By 1965 the restrictions remained, and the Defense Advisory Committee on Women in the Service—along with leaders of the ANC, Navy Nurse Corps, Air Force Nurse Corps, WAC, and American Nurses Association (ANA)—recommended to McNamara that separate legislation be introduced to eliminate restrictions on the careers of female officers.[56]

The Department of Defense supported such a bill, though only with assurances to Congress that the removal of rank restrictions would not provoke "any special effort to advance women officers except as they are qualified for such advancement on an individual basis in comparison with their male coun-

terparts."[57] The House Armed Services Committee agreed that opening ranks to women should not be "used as an excuse to speed up the promotion of women," and that the bill's purpose was "to create parity only in respect to recognizing merit and performance." It also affirmed that the legislation would not remove restrictions on women serving in combat. Beyond those concerns, the committee asserted "that women officers should be provided equality of opportunity in the career fields where they are capable of assuming equal responsibility."[58] With these expressed concerns, the Department of Defense recommended that "in the interest of full utilization of the potential of the officer corps and in justice to the women officers concerned," the bill be passed.[59] That bill, H.R. 5894, passed Congress and became Public Law 90-130 on November 8, 1967. Thereafter, no restrictions existed on the ranks to which women could be appointed.[60] At the signing of the bill, President Johnson noted the law's potential to continue a revolution in women's equality, while assuring the public that it would not unduly promote women. "This bill gives the career women of our Armed Forces no special privileges," Johnson explained, "but it does relieve them of the handicaps." The attendees at the bill's signing then joined the president for a reception and were treated to a Fort Meyer men's chorus rendition of the song "There's Nothing Like a Dame."[61]

As the House report on the bill had stated, the law did "not guarantee any person a promotion." No legislation directed that any woman be promoted, nor did legislation direct that either the ANC or WAC chief serve at a general's rank.[62] In fact, Hays recalled that Westmoreland twice recommended to the Department of Defense that she be promoted to general, but both times the recommendation was denied. Promoting a woman required that the army as a whole redistribute its allotted generals' slots. Each year, Congress authorized a specific number of generals, colonels, majors, and so forth, to the army. As the ANC had not previously been allotted a general's position, the promotion of an army nurse to that rank would mean that another part of the army would not receive a general's slot. Many assumed, then, that when the first ANC chief would be promoted to general, the slot would come from within the Army Medical Department. ANC officials, however, objected to this idea and argued that the slot should come from within the army as a whole, as a symbolic gesture of the army's support for the promotion of the ANC chief. That is indeed what happened in May 1970 when a space became available within the army at large.[63] Again nominated, Hays's promotion was approved by the army, the Department of Defense, the president, and finally by Congress.

Army nurses recognized that Hays's promotion to the rank of brigadier general was an important day in the history of the ANC. An army nurse stationed at the 45th Surgical Hospital in Tay Ninh, Vietnam, wrote Hays a congratulatory letter that hailed her promotion as "a promotion for all of us."[64] Lillian Dunlap, who would become ANC chief and a general the following year, heard the announcement of Hays's promotion while driving to Washington, D.C., from the ANA convention in Miami. "I didn't drive off the highway," she recalled. "But I almost did . . . We were so excited!"[65] *Harper's Bazaar* hailed Hays's promotion as a historic event for women and named her one of its "100 Women in Touch with Our Time."[66] Hays herself seemed to understand the importance of the event for military nursing when she described her promotion as "enhancing the stature of the nursing profession."[67] She also believed that her promotion elevated the status of women in the military and that opening the ranks to women was an effective recruitment tool. "I'm sure there were many young women who said, 'Oh my, if she can become a general, well, there is a possibility for me,' " Hays speculated. "So, I really think that it helped in the recruitment of nurses for the Army Nurse Corps."[68] However, the ceremony and the tremendous amount of publicity that followed Hays's promotion did not focus on what the event might have symbolized for women in the United States or the army.

Instead, publicity minimized the entry of women into the highest echelons of the military by explaining that female generals would not upset the military's gender balance. This concern was not merely a product of the media, however, for even Hays's promotion occurred in a way that foregrounded her gender. After pinning Hays's stars on her shoulders, General Westmoreland announced to the guests and media present, "I hereby establish a new protocol for congratulating lady generals" and kissed her.[69] However Westmoreland intended his kiss, newspapers focused on its sexual symbolism or, as one described it, "the heretofore unthinkable sight of one American general kissing another."[70] "There wasn't a sign of male resentment as the Army's top brass watched the formal elevation of Anna Mae Hays . . . to brigadier general," another noted. "Quite the opposite. Dozens of male generals applauded as Gen. William C. Westmoreland . . . kissed Gen. Hays on the cheek."[71]

Other accounts of the promotion focused on Hays's and Hoisington's domesticity and feminine appearance. Describing the two women's skills in performing domestic chores, one article noted that they both enjoyed housecleaning, though neither liked to cook. It also commented on Hays's collec-

tion of clothing from around the world (which it pointed out was a size twelve) and that when in civilian dress, she liked to wear her skirts two inches above the knee.[72] Both women "are extremely feminine in their off-hours dress and manner," yet another article noted. "They go to beauty parlors regularly to get their hair done."[73] Years later, Hays remarked, "Sometimes the publicity was hilarious." In particular, she recalled one cartoon that mocked the equality her promotion signified and indicated at least one social convention that her promotion seemed to threaten. The cartoon featured four male generals sitting at a bar who notice a female general walk through the door. "Equality, eh?" one snuffed, "Let her buy the first round."[74]

While the press coverage of Hays's promotion cast her as appropriately feminine and thus not a challenge to the masculine control of the military hierarchy, she attempted to separate herself from organized feminism. On the day that Hays's promotion was announced, a reporter asked her about the effect of the women's movements on opening ranks to women. Hays tried to deflect the question by responding, "Let's not talk about this." Instead, she insisted that her promotion was "recognition for service" and not a result of any efforts by the women's movements to advance the status of women in the military.[75] Years later, she stated that she did not believe the "women's movement had anything . . . much to do with . . . in fact, I think nothing" with her promotion. "If anything, I think that we in the military led" the move for women's equality "by promoting and putting the emphasis on the role that women played in the military." It was a struggle, she noted, to remove restrictions on women's attainable rank, and she wondered if nurses "don't realize the struggles that we had."[76] Still, she did concede that her promotion "was the political thing to do, that is, it was very 'politic' for the Secretary of Defense to consider recommending promotion for a female officer to the grade of brigadier general. Then the President, President Richard M. Nixon, made the nomination because it was the political thing to do, and Congress confirmed the nomination."[77]

Nominating, and then promoting, a woman to the rank of general was indeed a political act, one that highlighted the complex position of army nurses during the Vietnam War. The promotion of Hays to the rank of brigadier general represented undeniable progress in the overall integration of women in the military, even as skirt lengths and kisses remained a part of the story. By the time of Hays's promotion, the ANC was a different institution than it had been only a few years earlier. Men nursed; women became generals. The nurses—

women and men both—who joined the corps during this period and served in Vietnam brought their own changing ideas to the corps about the role of nurses in the military and in war. The ways in which gender norms shaped their experiences and the new ideas they developed about how gender should or should not inform army nursing also changed the corps substantially.

Gender and Motivation

By admitting men to the corps and opening all ranks to women, the ANC was becoming a place of increasing opportunities for all of its nurses. These adaptations reflected the army's efforts to meet its immediate personnel needs and the efforts of many to make the army a more equitable institution for all. The nurses who joined the corps during these changing times and served in Vietnam were also envisioning a different kind of corps, one less encumbered by rigid gender roles, even if still guided by them. Women and men both thought of the army in more inclusive terms. Women sought a way to fulfill their personal and career goals, while men saw in the corps a valid way to fulfill career and military obligations. All their motivations reflected the broader changes in cultural understandings of gender being negotiated during the period.

For many of the army nurses who served in Vietnam, nursing had been a lifetime expectation, an indication of the ways gender norms had shaped young girls' understandings of the roles they would play in society. Several women relate stories of a childhood spent bandaging dolls and volunteering as candy stripers. Rose Mary Burke, for instance, remembered being fascinated with nursing from the time she learned first aid as a girl scout. She later volunteered as a candy striper and worked in a nursing home before attending nursing school.[78] Lynn Calmes Kohl's mother told her that she must have always wanted to be a nurse because even as a child she had tended to the sick. When she took aptitude tests in high school and the results ranked nursing at the bottom of a list of suitable careers, she ignored the results and went to nursing school anyway.[79] Others fell back on the traditionally feminine field of nursing after other options in medicine failed. As a child, Saralee McGoran was interested in medicine and planned to attend medical school. Her parents could not afford medical school, so her uncle promised to pay her expenses. But when he died, "The only choice that seemed left," McGoran explained, "was to be a nurse."[80] Jeanne Rivera also wanted to be a physician but noted that "in those days there just wasn't an opportunity for a woman to become a doc-

tor. Maybe some of them did, but I never knew or saw any." Unaware of how to pursue her first goal, she chose the more familiar career path of nursing.[81]

Like Rivera, many women perceived nursing to be one of a handful of career choices open to them. Karen Johnson did not know there were other careers women could pursue, so when her high school guidance counselor asked her if she wanted to be a nurse, teacher, or secretary, she picked nursing.[82] With nine aunts and uncles who were nurses, Jill Mishkel decided that she absolutely did not want to be a nurse. But, she added, "I didn't want to be a teacher and I didn't want to be a secretary, and back in those days that was pretty much the choice."[83] While growing up in Columbus, Ohio, Leslie McClusky knew no women who worked outside the home. For her, nursing was "something to fall back on. The other options were teaching or secretarial work."[84] Bernadette Palya Miller also believed that her options for life beyond high school were to become a teacher, work in an office, or get married. Instead, she wanted to pursue further education in science and ultimately decided that "nursing was a socially acceptable way to achieve this."[85]

Nursing may have been a typical career choice for these women, but many of them saw the profession as a socially acceptable means to pursue atypical lifestyles. During nursing school in Concord, North Carolina, Ann Powlas began to think about her future. After realizing, "I'm not getting married and don't want to stay here," she decided to join the army, which she believed would be an alternative to both marriage and life in her hometown.[86] Sharon Stanley-Alden, whose mother had been a nurse in World War II and whose father was a career army officer, might have seemed destined to be an army nurse, but she did not decide to be a nurse until she was applying to colleges. She liked biology and opted to study nursing but chose the field in part because she did not find her other options appealing. In the 1960s, she said, "women were nurses, or secretaries, or teachers. And that's pretty much what we did. Or moms. Stay-at-home moms. And I didn't see myself getting married right away and having children right away." She joined the Army Student Nurse Program (ASNP) while a junior at Duke University.[87] Margarethe Cammermeyer reluctantly entered nursing after academic probation ended her plans to go to medical school. She considered nursing an inferior occupation, a "dainty, traditional role," but believed that army nursing would somehow be different from civilian nursing and would liberate her from "tedious, subservient woman's work."[88] Nursing might have been a traditional woman's occupation, but for these women, it was also a way to have a career of their own

and to avoid becoming entrapped in what they believed was the stifling life of most women their age.

Many nurses saw the army as a way to find opportunities they would not have otherwise enjoyed as single women. Although Donna B. Cull Peck did not travel much as a child, she "wasn't going to rot in Erie." Instead, she insisted, "I was going to go see something and be somebody and do something." When the army recruiter came to her nursing school, the ANC appeared to be her ticket out of town.[89] Her nursing school classmate, Karen Johnson Burnette, with whom she later served at the 24th Evacuation Hospital in Long Binh, agreed. "We had no knowledge of what the military meant," Burnette confessed. "We just knew that we wanted to travel. We didn't want to stick around, that was it. It was so naive at the time . . . I can honestly say I knew nothing about Vietnam except there was a war there."[90] Similarly, Karen Bush "wanted to go into the Army because it was an adventure. It was something I didn't think I could get anywhere else, certainly not the travel or the experience."[91] The army appealed to many women because of the travel opportunities it offered. As Joan Waradzyn Thomas pointed out, the army was a legitimate way for young women to travel and move away from home. She joined the ANC in part because she felt she could not move away from home on her own, but she could as a member of the army.[92]

The prospect of financial freedom also attracted many young nursing students to the army. "It wasn't duty and honor," Mary Messerschmidt explained, "though I had no problems with that. Actually, it was money was the reason I was joining. They were going to pay me to go to school instead of me working part time and going to school."[93] The promise of financial assistance during nursing school enticed many young women to join the corps. Constance G. Evans grew up on a Nez Perce Reservation and had very little money to pay for nursing school, but the ASNP provided the money she needed to become a nurse.[94] Joan Garvert's father was determined that all six of his children would have a college education, but Joan wanted to help pay her own college bills and saw the ASNP as a way to do that.[95] Like many student nurses, after two years of nursing school, Nancy Randolph found herself in debt. When an army recruiter visited her nursing school and told the students about the financial assistance available through the ASNP, she joined.[96]

Many women looked to the ANC for another kind of financial independence. Bernadette Palya Miller saw the corps as a means to escape her life in Pennsylvania. As important to her as finding new opportunities, however, was

her belief that she would earn more money in the army than in civilian nursing. To her, the military's rank-based pay structure assured her equal pay for equal work.[97] Lottie James liked the long-term benefits the ANC promised. She wanted a job that provided retirement benefits for women, something she did not expect to find in what she described as "dead-end" jobs in civilian nursing.[98]

For minority women, the ANC offered another kind of opportunity—the hope of escape from prejudice and the promise of equality. Having grown up in segregated Alabama, Marie Rodgers joined the ANC in 1952 as a way to escape a social system that treated her as a second-class citizen.[99] The army's promotion system, she felt, ensured that she would receive equal treatment. "In other situations, as a black nurse, I wouldn't have gotten the kind of jobs I had," she said. "In the Army they always had to give you the job you were trained for, and with that, the rank. No matter what they thought of me, they had to put me in the operating room."[100] After a year in Vietnam, President Johnson awarded her the Bronze Star during a ceremony at the White House, another indication to her that she was rewarded for performance in the army.[101] The black press also believed that the ANC offered young women professional equality. Two 1966 *Ebony* articles about African American army nurses included several photographs of nurses on duty in Vietnam in interracial work scenes. Pointedly illustrating a racial equality not found in most of American society, two photographs showed African American nurses treating white soldiers, while another showed a white soldier saluting two African American nurses.[102] Jeanne Rivera also joined the ANC in pursuit of equality. As a Puerto Rican, she believed a military uniform would attract positive attention to her. "Stepping up into a uniform meant that I was somebody," she explained.[103] Unlike Rodgers, however, Rivera did feel she faced discrimination in the army. When she asked for an assignment as a nurse recruiter, the army refused, "even though I was recommended for it . . . I'm almost sure they didn't take me because I was Puerto Rican," she stated. "I'm positive of it."[104]

Cold War society presented women with conflicting messages about the proper roles they should assume, but these women point to the continuing power of marriage and motherhood as symbols of what women should desire.[105] Particularly for young women who had attended college in a time of *en loco parentis* rules or hospital nursing schools with curfews and resident mothers, creating an alternative kind of lifestyle seemed quite difficult. The army, to many nurses, promised a different kind of lifestyle that would give

them a new sense of freedom and opportunity, even as it would exercise great control over their lives. Still, throughout the 1960s, conventional wisdom held that nursing was a woman's role—even though the ANC admitted men a decade before it began to assign nurses regularly to Vietnam. But for the men who joined the ANC and served in Vietnam, nursing was not a highly unusual career choice. Most of the men came from geographical regions where male nurses were common, while others had family or friends who worked in nursing. For these men, nursing was familiar; it was something that other men had chosen as their career and in which they appeared to be doing well.

Many of the men who became nurses were led to the field by prior medical experience. Duane Howard worked as a hospital orderly at Logansport State Hospital, a psychiatric hospital in northwestern Indiana, where he met two male nurses. He was impressed by these men, so he decided to become a nurse himself.[106] Similarly, Billy Storey worked as an orderly at Methodist Hospital in Lubbock while attending Texas Tech University. There, he became familiar with the work of nurse anesthetists and decided to become a certified registered nurse anesthetist.[107] Other men had family or friends, including men, who worked as nurses and made the profession more approachable. John Evans's mother and two uncles were nurses, Robert Guida's sister was a nurse, and John Girvan's brother was a nurse.[108] Dick Hooper even had a family friend who was one of the first men to join the ANC.[109]

Moreover, for many of these men, nursing was not a profession necessarily associated with women or femininity. John Girvan grew up on Long Island near a ten thousand-bed psychiatric hospital that employed many male nurses.[110] Male nurses were also common in John Sherner's hometown of Mount Morris, New York, where many of the town residents worked at the nearby hospital.[111] Dick Berry grew up in Danville, Pennsylvania, home to both the Geisinger Medical Center and the Danville State (Psychiatric) Hospital. Because of these two medical facilities, male nurses were common in his hometown and "well thought of in the community."[112] For these men, nursing was a common career that they, along with their family and friends, understood.

For others, nursing seemed a secure job choice. Dick Hooper's father worked at a soybean plant outside Decatur, Illinois. When the workers at the plant considered going on strike, Hooper felt the insecurity of industrial labor. "You know, what do you do when you're out on strike?" he asked, "You don't get fed, you don't get paid . . . So," he said, "hospitals got to looking a lot better. I

knew nobody went on strike in a hospital. Of course, that was 1960."[113] Hospitals and the nursing profession would see strikes later in the decade, but to Hooper, nursing seemed a profession that would always be in demand.

Regardless of how familiar or secure nursing appeared to be, many of the men still took what Barry Powell called "a various, circuitous route" to the profession.[114] Initially interested in becoming a psychiatrist, he enjoyed a few too many extracurricular activities in college and had to leave after two years. When he returned home, he worked as an orderly at a psychiatric hospital, where a friend told him about the Pennsylvania Hospital School of Nursing for Men. Attracted by the school's emphasis on psychiatric nursing, Powell entered the program.[115] Before Leo Le Bel went to college, he talked with counselors and took a career aptitude test. Although the test indicated that Le Bel should become a nurse, he instead went to Boston College and studied business. Dissatisfied with his courses and increasingly interested in becoming a nurse, he left at the end of his second year and entered nursing school at Sacred Heart Hospital, where he had worked during high school.[116] Robert Lawyer initially went to college with the intention of becoming a French teacher but withdrew after deciding, "French teaching was not going to be my *forte*." When he returned home, he took a job at a hospital, where he met a married couple who were both nurses and who encouraged him to enter nursing school.[117] Other men were initially interested in medicine, but not in nursing. Larry Hilliard first wanted to go to pharmacy school, then thought about medical technology, and finally decided to become a nurse anesthetist.[118] Tillman Barrington attended Texas Tech University intending to become a physician but eventually ran out of money for college. Still interested in medicine and particularly in a field that would provide him with "some opportunity for independence," he decided to enter nursing school to become a nurse anesthetist.[119] For these men, nursing was not a career that social convention pushed them toward, but one they chose for themselves.

Once these men became nurses, the military seemed an especially appropriate place to practice. Some found the military's often-touted promise of travel appealing. Frank Snell wanted to travel around the world and was interested specifically in going to Vietnam. In fact, he almost went as part of a civilian organization in 1963 but instead joined the ANC and went five years later.[120] Robert Wehner attended nursing school with a man who had spent four years traveling in the air force. Wehner tried to join the air force in 1963, but the recruiter told him it had met its quota of male nurses and did not need any

more. "So, I went across the hall to the Army guy," he recalled, "because the Army takes everybody."[121] Other men had prior military experience and were familiar with the nursing corps. Duane Howard had served as a radio operator in the army and liked the "adventure" but not the infantry. After becoming a nurse, he "was commissioned as a 2nd LT. and off on another kind of adventure."[122] Larry Canfield had been an operating room technician in the navy for four years; John Evans had served for three years as a navy corpsman; C. G. Hausser had spent ten years as an air force medical laboratory technician; and Oscar Houser became interested in anesthesia while serving as an operating room technician in the air force. They all later joined the army as nurses.[123]

If these men circumvented popular characterizations of nursing as feminine, women were less able to avoid popular and sometimes conflicting ideas about military women, such as the stereotype of military women as mannish homosexuals or promiscuous heterosexuals who, as Martha Kuhns put it, "hopped from one bed to another all the time."[124] Mary Stout's father held this unfavorable view of army women, so when she decided to join, she invited an ANC nurse counselor to visit with him. She believed the woman would counter her father's preconceptions, "because the first thing that struck me when she came to talk to our class was that she was a perfect lady . . . And I think seeing the nurse recruiter really changed my father's idea."[125] Only nineteen when she signed up for the ASNP, Ann Powlas needed a parent's signature to join. Neither of her parents consented immediately, though, because of the World War II–era idea that "women in the service were considered to be bad people . . . They just knew," Powlas ruefully recalled, "I was going to come out a whore."[126] Diane Carlson Evans's two brothers had served in the military before she joined the ANC. When she told them about joining the army, neither was pleased. Both told her they had heard vulgar things said about enlisted women and worried that she would receive the same negative attention. But while Evans felt that nurses were viewed with more respect than were enlisted women, she still faced stereotypes about women in the military. At her first civilian job after the war, a nurse who heard Evans had served in Vietnam said to her, "Well, you don't look like you were in the Army." Evans thought, "There's the stereotype. There's the myth . . . I'm supposed to be ugly," she explained. "I'm supposed to have warts all over my face. I'm supposed to look like a loser. I'm supposed to look like I'm looking for a husband." Although she laughed about the incident later, she acknowledged that stereotypical views of military women were "so derogatory."[127]

Other women also commented on a distinction between public views of military nurses and those of enlisted women.[128] Sharon Stanley-Alden said that although people often assumed army nurses were sexual partners for military men, that characterization differed significantly from the "very butch, gay, lesbian" stereotype of women in the WAC.[129] Nurses, Kathleen Splinter felt, "were treated as queens or as angels. I mean, the guys really respected us, I felt, and treated us well." She attributed the way army men treated nurses to the men's realization that nurses could save their lives. "Step out of that role," Splinter cautioned, "and you were a piece of meat."[130] After the war, she encountered the same response. If she told people that she had been a nurse in the Vietnam War, they responded positively, as if that role was appropriate because she had fulfilled a traditional feminine, healing role. But if she said only that she had been in the military, "there were not pleasant responses to that."[131]

Despite these powerful public images of military women, many of the nurses who served in Vietnam felt a profound desire to perform martial service. Several credited the Kennedy administration's atmosphere of idealism and service with their personal desire to serve their country. Lily Lee Adams noted that the ASNP met her financial needs in nursing school but that it also allowed her to "fill the needs that I wanted to fill for John F. Kennedy . . . He really inspired me at an early age," she recalled. "I remember staying home on that snowy day when he was inaugurated, remember hearing him say, 'Ask not what your country can do for you, ask what you can do for your country.' And I thought, 'My God, who is this man?' "[132] Kennedy's inaugural speech also motivated Annee Yazzie Coots, a Navajo Indian who joined the ANC with four nursing school friends. Coots wanted to perform some kind of national service but was not particular about the ANC. If her friends had wanted to join the Peace Corps, she said, she would have joined the Peace Corps.[133]

Some women joined the corps specifically to go to Vietnam. Judy Hartline Elbring did more than volunteer to go to Vietnam; she chose the nursing profession as a means of getting to the war. "I needed the job that would get me into the war," she explained. Confessing that her motivations might have seemed "absolutely and utterly amazing," she explained that "the [war] stories that I had heard my father tell made it sound like it was very exciting. It was a chance to contribute, it was very patriotic, it was an American thing to do, and it was something that I could do now."[134] Christine McGinley Schneider and Saralee McGoran both joined the ANC specifically because the army

was the only military branch that would guarantee an assignment to Vietnam.[135] Race figured prominently in Elizabeth Allen's motivations for joining the ANC and volunteering for Vietnam. As an African American woman who knew "there are extremely few minority folks in health care," she wanted to go to the war specifically to nurse African American soldiers. "I also knew that African Americans were most likely to end up in battle units, in the death units, and I really wanted to do something."[136]

Before they could volunteer for an assignment in Vietnam, though, some women had to overcome familial or legal obstacles. Leslie McClusky wanted to join the ANC and go to Vietnam in 1967, but her family reacted so negatively to the idea that she did not join. Still eager to go three years later, she joined the ANC with a guaranteed assignment to Vietnam. That time, she did not tell her family about her plans until two weeks before her departure for basic training.[137] Barbara Price grew up in a pacifist religious tradition but nonetheless decided that she should join the army. Having lost vision in one eye in a baseball accident, though, she was physically disqualified. Still determined to join the ANC and go to Vietnam, she refused to let even a physical disqualification stand in her way. She wrote directly to President Johnson to request a waiver, which he instructed the army to grant her.[138]

Television news coverage of the war motivated several nurses to join the ANC in order to go to Vietnam. "When I came in the Army," Ann Powlas said, "I knew what was going on, and that I wanted to see it, because Vietnam was what was happening."[139] Vietnam was also what was happening for Cheryl M. Nicol, who joined the ANC in March 1966 after watching "one too many Huntley-Brinkley news reports." When she heard a news story mention the need for operating room nurses and nurse anesthetists, she decided that she "wanted and should go to Vietnam."[140] Mary Banigan decided that she had "a moral and patriotic obligation to serve" after watching news coverage of the Tet Offensive in 1968.[141] She joined the ANC, then served two tours in Vietnam. Rose Sandecki had earned her BSN in nursing, worked as a nurse for seven years, and had several civilian job opportunities available to her. She did not find any of them exciting, however, as she watched the evening news, "seeing in full, glorious color the stretchers with the young guys on them, really torn up, coming off the dustoffs." To Sandecki, the war promised an exciting challenge, one she felt confident she could handle. But while the Vietnam War might have presented new, full-color challenges to wartime nurses, Sandecki's commitment to the American soldiers indicated her adherence to

historical wartime roles for women. "I felt I had some talents as a registered nurse, a professional nurse," she explained, and then pointed out that she could "offer something to those young men over there."[142] When the ANC guaranteed that she would be in-country within three months, she joined.[143] Women like Sandecki had a serious and determined desire to work in the war, as well as a belief that as nurses they had an obligation to treat wounded American soldiers.

Some women considered it more than just their duty as nurses to treat wounded soldiers; they believed it was their duty as citizens—regardless of their sex—to volunteer for Vietnam. "I truly believe that every person who claims to be American has military obligations," Elizabeth Allen, the sister of three navy men, asserted. "I don't believe women should be exempt."[144] Women already in the army indeed had few options if they received orders to Vietnam, but even those nurses thought of the assignment as their personal duty. "If I was in the army and the true army nurse that I should be," Nancy Randolph reasoned, "I needed to go to the war just like everyone else."[145] Karen Bush had been in the corps for several years when she volunteered for Vietnam. She believed that an assignment there "was inevitable," given the army's need for nurses, but, she said, "[I] wanted to choose the time that I went rather than have them say, 'You're going to go next month' or 'You're going to go in six months.'" She considered it a "cop-out" to try to avoid going to Vietnam. "If you were in the Army and there was something going on," she believed, "you had an obligation to go."[146] Nancy Margaret Christ, who had joined the ANC in 1961, wrote, "As a member of the military my job was to follow the command of my commander in chief—the President of the United States."[147] For her, personal opinions about the war did not matter because her obligation to the army trumped her feelings.

Several nurses considered their obligations during wartime in light of the fact that men their age were being drafted and had no choice about their wartime duties. Lily Lee Adams watched several of her high school friends struggle with decisions about the war and the draft. "I felt very guilty that the guys had to deal with these decisions—major decisions in their lives—and that girls didn't," she recalled. She later joined the ASNP and served in Vietnam.[148] Donna B. Cull Peck similarly weighed her decision to go to Vietnam in relation to the decisions men faced. Having received orders for Vietnam, Peck overcame her doubts about the war as she thought about the men sent there. "The only reason I can go with a clear conscience is that half of these

guys are like us: obedient," she realized. "They wouldn't have thought of saying no, and they were getting wounded and probably didn't want to be either."[149] Afterward, Peck still did not know whether the war was right or wrong, but she was glad she had gone to Vietnam. "There were so many young boys that wouldn't have thought of saying no," she concluded. "They had the courage to do it, and I'm glad I did too."[150] Mary Curts volunteered to go to Vietnam because she knew that the army could not then send her brother to Vietnam unless he volunteered. Although her parents were concerned about her safety, she assured them that she would be safer than her brother would have been.[151] Curts volunteered also because she felt concerned for other army men. "I know this kind of sounds idealistic," she acknowledged, "but you know, a lot of guys younger than me, my age, were going over there, and they didn't want to go and they had no choice, so somebody had to take care of them."[152] These women embraced the progressive idea of women having wartime military obligations equal to those demanded of men, even as they fulfilled these obligations through the traditional women's wartime role of nursing.

Many of the men joined the ANC because they felt they owed military service or because they knew they could be drafted and wished to exert some control over their assignment. Jim Sokoloski thought about fulfilling his military obligation by working with the Indian Health Service but joined the ANC instead because he wanted to travel. Although he had no intention of staying in the army beyond his initial commitment, he ended up making the ANC his career.[153] Leo Le Bel felt he had an obligation to serve a two-year military commitment but did not think of his service as patriotic until much later.[154] In effect from the late 1940s to 1973, the draft was the greatest motivation for many of the men who joined the ANC.[155] The nurse corps offered several benefits in rank and pay that the men were not guaranteed in other parts of the army; had the men been drafted, they would not necessarily have been used in the military's medical corps but could have been inducted into any branch as enlisted men. Robert Guida, John Sherner, John Sokoloski, Leo Le Bel, Barry Powell, and Robert Lawyer all feared being drafted and joined the ANC instead.[156] "If I knew that I wasn't going to get drafted," Larry Hilliard admitted, "I would not have signed up for the Army. But I'll say this. Because I knew I was going to get drafted, I took advantage of everything I could take advantage of."[157]

In light of the prevalent view that male nurses violated social and nursing

gender norms, a military nursing career helped counter any association of their work with femininity. Indeed, the substantial proportion of male nurses who entered the military nursing corps and remained for their entire careers rather than work in the civilian sector suggests that many male nurses viewed the military as a more legitimate job choice.[158] Some even viewed military nursing as a more appropriate career for men than for women. Billy Storey believed that the army wanted male nurses in Vietnam in particular because "they thought we adapted better."[159] Robert Wehner believed women might have more problems adapting to war and dealing with postwar stress. "You know," he explained, "with hormonal differences, maybe they did have problems. Someone—I can't remember now who—said that perhaps they should be screened to make sure they could psychologically handle it." In response to the question "Do you think the men handled [war] better?" he answered, "Men are supposed to."[160]

Once committed to the military and an assignment in Vietnam, many nurses felt a desire to work as close to the fighting as possible. Diane Carlson Evans joined the ANC because she figured she would be close to "where the real fighting is" if she served in an army hospital.[161] Upon arrival in Vietnam, she was assigned to the 36th Evacuation Hospital in Vung Tau, a desirable assignment for many nurses because of the hospital's scenic location on the South China Sea. But after five months, Evans "felt like I was in kind of a nice, too nice a place for Vietnam and I wanted to go someplace where the real war was." Surprised at Evans's request, her chief nurse sent her much farther north to the 71st Evacuation Hospital in Pleiku.[162] Given a choice of hospitals in Vietnam, Karen Bush told the chief nurse that she wanted to be assigned where the action was; she too ended up with an assignment at the 71st Evacuation Hospital in Pleiku.[163] Elizabeth Allen refused an assignment to the 3rd Field Hospital when she arrived in Vietnam. After telling the chief nurse that white uniforms and hats were not for her, she accepted an assignment to Cu Chi, considered a much more dangerous location.[164]

Many nurses at the 3rd Field Hospital complained that the hospital was too far removed from the war. Located in Saigon, it was intended to be as much like a stateside hospital as possible. High-ranking military officials received their medical care there, and visiting public figures often toured it. But while "morale among nursing personnel is reasonably excellent," a typical chief nurse's report noted, "That at the 3rd Field Hospital is seemingly the lowest." The "'non-combat' milieu" and "uniform and civilian clothes frustrations"

created the low morale among nurses, the report explained.[165] In a similar report, Vietnam chief nurse Maude M. Smith remarked that nurses at the 3rd Field felt " 'left out' because they have not been where the real action is." "We didn't come to Vietnam to wear white 'silk' stockings," nurses told Smith. "We came to care for GI patients in the Field—not to do city hospital nursing."[166] To improve morale, Smith recommended "that there be continued efforts made to give nurses at the 3rd Field Hospital an opportunity, however brief, to serve in field units."[167]

Although all women voluntarily joined the ANC, not all women who served in Vietnam desired the assignment. Several nurses joined the ANC with the understanding that they would not receive an assignment to Vietnam unless they requested it. Lynn Calmes Kohl opposed the Vietnam War but found an ANC recruiter's promises of new opportunities a good alternative to staying in Milwaukee. Before she agreed to join the ANC, though, she asked about her chances of being sent to Vietnam. The recruiter told her that the ANC could not send women unless they volunteered. "Well, I certainly wasn't going to volunteer," Kohl recalled, "so I signed on the dotted line." Soon after the army sent her to Fort Ord for her initial assignment, however, she received orders for Vietnam. When Kohl told her commanding officer that she had not volunteered and there must be a mistake in her orders, the officer merely asked Kohl if she got the recruiter's promise in writing.[168] Susan Procopio Cartwright also joined the ANC only after her recruiter reassured her that she would not be assigned to the war unless she volunteered. After only four months at her initial assignment, however, her orders came for Vietnam. Contracting an "acute case of gangplank fever," Cartwright missed her flight on her initial departure date. She did not want to treat wounded soldiers, she explained, so that they could then be sent back to the war, possibly to be wounded again. She checked with a lawyer about getting conscientious objector status, but the army ordered her to see a psychiatrist and an army chaplain. The psychiatrist told her she was simply immature, but the chaplain liked her and managed to get her a new departure date for Vietnam, instead of a serious reprimand.[169] Both women followed their orders and served their tours in Vietnam.[170]

The ANC was a changing organization during the Vietnam War. One year before the army sent its first nurses to Vietnam, it altered the very definition of an army nurse by admitting men to the corps. Eleven years later, as the war in Vietnam continued to escalate, the corps afforded men equal opportunities for

career advancement by allowing them to serve in the Regular Army. And, in 1970 the military's highest glass ceiling shattered when the chief of the ANC became the nation's first female general. These changes fundamentally altered the definition and image of army nurses, even as the army continued to struggle with the gendered roles it desired nurses to play and declared all nurses to be "officers and gentlemen."

The corps also changed in other, less public ways as it admitted thousands of nurses to meet its needs for the Vietnam War. These nurses brought their own ideas about the meanings of their service in the army, and they expressed sometimes conflicting ideas about the ways gender informed their professional choices. Many women entered nursing because they felt they had few other options, but they expanded their options by seeking new opportunities for themselves personally and professionally. Men reveal that their decision to become nurses required an understanding that nursing was not inherently feminine. They came from geographical regions or family backgrounds in which male nurses were not uncommon or thought of as effeminate. Unlike many female nurses, these men rarely decided at an early age to enter the profession. Women chose nursing for many reasons, but none had to consider whether nursing was a socially acceptable role for her to pursue. Conversely, men became nurses only after feeling comfortable with the idea of themselves as nurses.

Throughout this period, the nurses who joined the corps and then served in Vietnam brought their own understandings of military obligations in general and of wartime duties in particular. Women viewed their service in Vietnam as their patriotic duty, albeit one they believed included the military service of women. Men saw the ANC as a way to fulfill their assumed military obligations, avoid the draft, and find a more masculine environment in which to practice nursing. Army nurses who served in Vietnam joined the corps for many reasons, some of which mirrored historical gender roles, some of which signaled new understandings of women's and men's roles in nursing, the military, and war. As they began their tours in Vietnam, they quickly found that nursing practice itself was changing. Their experiences in the war would also affect their understandings of the ways in which gender informed their work, as officers and as nurses.

CHAPTER THREE

"A wonderful, horrible experience"

Nursing Education and Practice

> And the casualties started coming in. They weren't all neatly dressed in blue pajamas and nice white bandages. They were a mess. That was the first time it started feeling real. We were busy all the time. There was always something to do, always something to do. There wasn't time to be scared. There wasn't time to feel fooled, there wasn't time to worry about anything except the immediate job at hand.
>
> —ARMY NURSE JUDY HARTLINE ELBRING

In May 1965, the Army Nurse Corps (ANC) had twenty-two nurses stationed at three hospitals in Vietnam. *Chicago Tribune* reporter Arthur Veysey visited the hospitals and wrote one of the earliest articles about American nurses in Vietnam to appear in the U.S. press. Veysey's article, "Here's Why Nurses Like Viet," told a romantic tale of nurses finding love in war. "Why," Veysey asked, "should an American nurse volunteer to come to Viet Nam?" and then answered in the words of the 8th Field Hospital's executive officer: "Because the best bunch of men you can find anywhere in the world is over here fighting and they need the nurses, that's why." "Of course we feel we are needed," concurred Margaret Clarke, the hospital's chief nurse. "And we are appreciated, too." Appreciation seemed tied to romantic possibilities in Clarke's reasons for women's service. "You should see the way the boys brighten when one of our girls comes into the ward," she noted. "They're young and, Lordy, some are beautiful." Romance aside, Clarke was proud of the work the nurses did, especially in such difficult circumstances. Indirectly referencing the number and severity of casualties received in the hospital, she stated that nurses worked harder in Vietnam than they would have in a job at home. Even the nurses

who "come to us almost straight from nursing school," she cautioned, "grow up awfully fast here." Although the nurses worked hard, she emphasized, they also enjoyed extraordinary travel opportunities that took them to places such as Hong Kong and Bangkok. Moreover, because "everybody going some place wants to take a nurse along," nurses could also travel throughout Vietnam. She also pointed out that male nurses were serving in Vietnam. "They also do a tremendous job," she noted, "especially in the operating rooms." But the highlight of the article came when Clarke returned to the romantic possibilities of the nurses' full social calendar. "Let's just say a girl could go out every night with a different fellow if she had the time and the inclination," Clarke boasted. "Love and bandages seemed to come together," the article mused, noting that two nurses from the hospital had already finished their tours and gone home to marry men they had met in Vietnam.[1]

Veysey's article told a classic tale of women in war. Even though the author acknowledged that male nurses also served, the article's basic tone highlighted traditional stereotypes. Women voluntarily joined the military looking for romantic opportunities, went to war to nurse American boys back to health, fell in love, and then went home to marry. According to the article, the women violated no social understandings of what women were supposed to do in war, and once their wartime service ended, they came home to do what all good American girls should do. The army nurses who served in Vietnam over the next eight years, however, did not tell such a simple story of women—or men—in war.[2] Their experiences illustrate the complex changes in American gender roles during the 1960s and early 1970s. Army nurses in Vietnam were neither waiting at home for the return of their soldiers nor armed in battle alongside them. In a traditionally feminine occupation and a traditionally masculine institution, nurses moved beyond prior understandings of what constituted appropriate roles for them in the army.

The Vietnam era witnessed substantial changes to army nursing. In addition to the army admitting men to the nursing corps and opening all ranks to women, the practice of nursing itself changed. Nurses did not join the army simply in hopes of finding husbands, as Veysey's article suggested. Many joined the corps with professional goals in mind, goals that the ANC encouraged through educational programs. The corps pushed its nurses to achieve higher educational and professional standards of training and practice than those required in civilian nursing, in part to ensure it had well-prepared nurses, and in part to attain a degree of equality with men in the army. Addi-

tionally, nurses often joined the army and even volunteered for an assignment to Vietnam because of their understanding of their obligations as medical personnel, not in pursuit of romance. Nurses from all political persuasions considered the situation of the Vietnam War and reasoned that they had an obligation to care for its casualties. In some ways, this rationalization drew on traditional gender roles for women in war, but women's experiences in the war often forced them to reconsider their ideas about the compatibility of nursing and war making.

"We must require equal qualifications"

Throughout the Vietnam era, four successive ANC chiefs (Margaret Harper, Mildred Clark, Anna Mae Hays, and Lillian Dunlap) worked to increase the minimum educational requirements for army nurses as a means of advancing the status of nurses in the army. Throughout much of nursing history, nurses had encouraged standardized education as a way to professionalize the work and distance it from a common belief that nursing was rooted in women's innate feminine characteristics. But while nurses increasingly needed some kind of formal educational training, nursing associations did not agree on a standard educational format. Thus, nurses in the 1960s and 1970s trained in various educational preparations, primarily by gaining a baccalaureate degree in nursing (BSN) from a four-year college or university or by earning a diploma in nursing from a hospital school of nursing. Gaining in popularity were associate degree programs, two-year nursing education programs, based in community colleges, that prepared students for work as technical nurses.[3] Most nurses earned a diploma in nursing, though the numbers of nurses with baccalaureate degrees increased during the period, from 7.9 percent in 1962, to 10.4 percent in 1966, and 12.1 percent in 1972.[4] Far more army nurses than civilian nurses held bachelor's degrees in the same period. By November 1967, however, 16.3 percent of the corps held a BSN, increasing to 18.2 percent in March 1968, 29.6 percent in March 1969, and 35.3 percent in September 1970. Army nurses with education beyond the baccalaureate degree were fewer though still higher than the national percentage. In 1967, 3.9 percent of the corps held a master's degree and 0.04 percent held a doctorate, compared with 2.5 percent of employed American nurses with a master's degree or above.[5]

In part, the army's higher percentages of nurses with baccalaureate degrees in nursing reflected the corps' desire to attract applicants from those programs.

ANC leaders had begun to consider increasing the minimum nursing education level for its nurses in the 1950s, but as the corps began to recruit for the Vietnam War, that goal became impossible.[6] Unable to meet its demands only with nurses from baccalaureate programs, the corps used educational programs to advance the education of its nurses. In what nurses called a "bootstrap program," the ANC typically sent career army nurses who held a diploma degree to an assignment where they could complete their BSN.[7] The corps also preferred to enroll students in the Army Student Nurse Program (ASNP) who were already in baccalaureate programs. In November 1967, 44 percent of the participants in the ASNP were enrolled in these programs, and two years later that percentage had risen to 64.5 percent. By August 1970, 70 percent were in baccalaureate programs.[8] Comparatively, in 1967 25.8 percent of nursing students in the United States were enrolled in BSN programs, 28.8 percent in 1969, and 29.7 percent in 1970.[9]

The corps' desire for nurses from baccalaureate programs stemmed from its goal to place army nurses on equal footing with other army officers. Particularly before the army fully admitted men to the corps, these efforts signaled a broader attempt by the corps to make women equal to men within the army. Across the army, officers held at least a bachelor's degree. The exception to the rule was the ANC, where nurses were officers regardless of their educational background.[10] By 1964, the corps had made a baccalaureate degree a requirement for consideration of promotion to the rank of captain, but the ANC could not meet its personnel needs at the lower ranks without admitting diploma nurses.[11] As corps leaders pushed for more equity in rank, though, they believed that they had to equalize the educational preparation of the corps' nurses. "I felt very strongly," Chief Dunlap explained, "that if we were asking for equity for the Army Nurse Corps in terms of promotion and opportunity to go on for military schooling such as Command and General Staff College and other military schooling like that, then we must require equal qualifications."[12]

In an effort to produce more baccalaureate nurses, the ANC established the Walter Reed Army Institute of Nursing (WRAIN), located at Walter Reed Army Medical Center and operated in conjunction with the University of Maryland. Students attended the initial two years at a college of their choice, then completed the remaining two years at Walter Reed and earned a BSN from the University of Maryland. The army paid the students' tuition, some fees, and a salary equivalent to that of an army private. In exchange for the estimated av-

erage of thirty-six thousand dollars the army spent on their education, graduates served three years on active duty in the ANC. In addition, the Army Medical Department hoped that their army-based clinical training would lead these nurses to make their career in the corps. In an information sheet prepared for the House Appropriations Committee in January 1964, the ANC claimed that while the program would not bring nurses immediately onto active duty, it would be a profitable venture for the army because it would "prepare outstanding nurses favorably oriented to the military."[13] The school opened in the fall of 1964 and planned to graduate approximately one hundred nurses annually. Corps leaders held high hopes for the program, which they believed would produce some of the nation's best nurses. WRAIN "had very high standards," Chief Clark boasted. Its nurses "were considered to be the very top cream of the crop in this country. That's the way we wanted it."[14]

Such high standards did not always find approval outside the corps, where the desire to increase the minimum standard seemed counterproductive to some. Army and Department of Defense officials, as well as civilian nursing leaders, complained that if the corps lowered its educational requirements to accept those with associate degrees, it would not have to recruit so fervently. Bowing to the pressure, the corps launched a trial program in January 1966 in which nurses with a two-year associate degree could join the ANC as warrant officers—not fully commissioned officers, but ranking above enlisted personnel—and perform technical nursing duties under the supervision of a commissioned nurse. Warrant officer nurses complained of discrimination because they had passed the same state board examinations as all other nurses yet were not afforded the same rank and pay. These nurses were never assigned to Vietnam because of the requirement that they work under supervision, but as Chief Clark stated, warrant officer nurses served a useful stateside purpose during the war. "If we had to deplete our units here in the states," she explained, "at least we'd have somebody that could assist."[15] The program did not last long. ANC leaders believed these nurses were unequipped to assume leadership positions in the hospital and cancelled the program in 1968. However, many associate degree nurses had entered this kind of program because it was relatively inexpensive, so the program's cancellation indirectly made the poor—including minorities—ineligible for the ANC.[16]

Ultimately, the needs of the Vietnam War prevented the corps from requiring a baccalaureate degree of nurses during the 1960s or early 1970s. Even as the corps admitted a high percentage of baccalaureate students to the ASNP

and established its own BSN program, it still had to recruit large numbers of diploma nurses to meet staffing requirements. As the need for nurses in Vietnam began to decline, however, the corps was able to phase in changes to its educational requirements. Effective July 1, 1971, the ANC began to give preference in commissions to nurses with baccalaureate degrees, who were to be commissioned as first lieutenants. Diploma program graduates were commissioned as second lieutenants and had to demonstrate progress toward the BSN to remain on active duty beyond their initial tour.[17] The following year, the corps announced that the baccalaureate degree would be the minimum educational standard for nurses in the career-oriented Regular Army. These changes, combined with the downsizing of the ANC as the Vietnam War came to a close, meant that nurses who were already in the corps and did not wish to pursue an a BSN were discharged. In 1976, the ANC fully changed the basic educational requirement to the baccalaureate degree.[18]

The major nursing organizations in the United States also struggled with setting minimum educational standards throughout the era, particularly as hospital-based diploma schools of nursing closed and associate degree programs increased. At the heart of these debates was a question about the nature of nursing. While many argued that nursing was a science for which students needed educational preparation, others maintained a long-held opinion akin to that of Florence Nightingale that nursing was an art, a natural feminine gift for which women needed no education. Educators in baccalaureate programs believed that their programs better prepared nurses in the theoretical and medical foundations of their work, while diploma program educators claimed their more practical training better prepared nurses for their actual work. By the 1960s, though, it was clear that diploma programs were in decline. Nursing leaders largely embraced this decline as the move to baccalaureate programs changed nursing education from the physician-dominated hospital to higher education, where nursing leaders exercised more control over curriculum.[19]

In many ways, the ANC's push to make the baccalaureate degree the minimum requirement for nurses was a progressive move that recognized nursing as a professional career equal to other army careers. Recognizing nurses—particularly women—as equals in the army met resistance from those who viewed nursing as essentially a gendered practice. ANC Chief Dunlap remarked that she often had to justify extra education for nurses to other army officials, particularly education at the graduate level. "Many people couldn't

see why the chief nurse needed to have graduate preparation," Dunlap recalled. "She was a nurse; in their mind that was all she needed."[20] "Why did [nurses] need that preparation?" others asked. They're just nurses.[21] Even some army nurses who had been in the corps for several years felt that the educational focus differentiated younger nurses from themselves. "When I went in in '51," Gene S. Rogers noted, "you came in because you wanted to take care of the fighting man." This attitude differed significantly in Rogers' mind from the motivation of younger nurses, whom she described as joining the corps to "get their degree and leave—the degree is all they want."[22] Despite some resistance, Chief Dunlap "felt very strongly that the basic educational preparation of the Army Nurse Corps officer should be a baccalaureate degree and that specialization within nursing should be at the graduate level." She conceded that while many saw the BSN requirement as "progressive at that time, based on the educational system, I felt it was what we needed if we continued to be the leader in military nursing education. To continue having nurses without undergraduate degrees was not in our best interests."[23] For Dunlap and her predecessors, having a baccalaureate degree would elevate army nurses above their civilian counterparts and would place them on at least equal footing with other officers in the army.

While the ANC leadership pushed for a progressive definition of nursing education, the Vietnam War itself changed the scope of nurses' practice. Nurses in Vietnam were often called upon to perform tasks not usually performed by nurses and to assume a level of responsibility they would not have assumed in civilian or stateside army nursing. This heightened level of practice created an environment in which many nurses perceived a more equitable relationship with physicians and other medical staff.

Because the ANC had to bring so many new nurses into the corps to meet wartime needs, a large portion of the nurses in Vietnam were young, often having graduated from their nursing programs less than a year before going to the war.[24] The ANC did not find such a youthful corps ideal. "The large majority of the nurses assigned were young; several were inexperienced and had difficulty in organizing their work and making nursing decisions and directing non-professional personnel," the *Army Medical Service Activities Report* noted in 1968. "The lack of more experienced senior head nurses to provide supervision and development of this young staff was keenly felt."[25] Three years later, the army's chief nurse in Vietnam, Patricia Murphy, noted the same problem.[26] "Many young nurses, despite their college degree, cannot become

effective staff nurses let alone head nurses with one year's nursing experience," she maintained; "therefore, senior nurses are needed to supervise and guide the young inexperienced nurses." Nonetheless, Murphy did insist that many inexperienced "young nurses with guidance become excellent and effective staff and head nurses."[27]

The ANC may have deplored nurses' lack of experience, but the nurses welcomed the challenges of working in such a demanding wartime situation. They had to learn quickly, of course. "I was about six, eight months out of school," Sharon Stanley-Alden recalled. "And there we were, brand-new out of school, wet, so wet behind the ears. Oh, my God we were wet behind the ears. Didn't know anything. And everybody saw to it that we learned immediately."[28] Assigned to the 3rd Surgical Hospital in Binh Thuy, Jennifer Lundberg found herself in a position of responsibility unlike any she had experienced. Her nursing skills developed in Vietnam, she said, but the realization that "I'm twenty-one years old [and] in charge of this whole freaking hospital" was startling.[29] Peggy Mikelonis, who also served at the 3rd Surgical Hospital, had to put in chest tubes, suture wounds, and start intracaths, all procedures she would not have done outside Vietnam.[30] Susan O'Neill also described "doing stuff that nurses would not do stateside. We would actually be wielding tissue scissors, what they call Mayos . . . often with the curved blades, and we would be cutting out tissue."[31] Others who worked in triage evaluated patients as they came into the hospital and prioritized who would receive treatment first. Many nurses struggled with the consequences this kind of work had for the patients—particularly those deemed too injured to benefit from surgery—in part because they would not have assumed such responsibility in another situation.[32] In Kathie Swazuk's mind, this new responsibility made the Vietnam War "an experience of a lifetime." "I'll never, even if I live to be a thousand years," she thought, "see the kinds of things, or take care of the kinds of things I took care of."[33]

For operating room nurses in particular, the need to complete surgeries as quickly as possible meant that surgeons expected the nurses to do more than pass instruments. One operating room nurse at the 12th Evacuation Hospital "learned quickly that I had to be both nurse and surgeon. On full body wounds the surgeon would assign me part of the body and we did the same job."[34] Jacqueline Navarra Rhoads often performed shrapnel extractions and closures by herself and made quick decisions about patient care. When she re-

turned to the states and worked in civilian nursing, however, she faced reprimands for such practices, for trying to be a "mini-doctor."[35]

These increased duties and responsibilities translated into a higher level of satisfaction and a sense of equality for many nurses. Because army physicians respected nurses' opinions on patient diagnosis and care, Deanna McGookin explained, the women felt closer to equal with physicians than they did in civilian nursing.[36] Martha Kuhns, a nurse at the 71st Evacuation Hospital in Pleiku, agreed, noting that nurses felt much more on par with physicians in the military because the army afforded nurses more autonomy and expected them to work independently.[37] Putting all of her nursing knowledge to use in Vietnam, Jeanne Rivera felt empowered. "I felt that I was in control," she recalled proudly. "I wasn't a subservient individual, and that's how nurses are generally perceived." For Rivera, wartime necessity provided her opportunities and status that civilian nurses lacked. "Vietnam gave me a sense of accomplishment," she explained. "I actually had the power to do what I wanted to do. In the states, you don't have that . . . [but in Vietnam it] seemed that people didn't question what I wanted to do."[38] This departure from civilian practice was striking. "It always upsets me that nurses don't take a more active part in the decision-making of a hospital, and in the care of the patient," Rivera observed. "I have lived with that all my life . . . situations where I had no power. Vietnam was just about the only exception."[39] Wartime nursing offered nurses—particularly women—an alternative to the traditional physician-nurse hospital hierarchy. In this way, nurses could see their work in new ways; they could see themselves as equals, not subservient to physicians.

Many nurses who left the ANC after the war tried to replicate the level of nursing that they had performed in the war, but as Barbara Price put it, "it was hard to go back into civilian nursing after the Army."[40] Almost every nurse who returned to civilian nursing was told that she or he had to be supervised while putting in IVs, something the nurse did literally thousands of times during the war. To Paula Ann Noonan Quindlen, restrictions placed upon her in civilian nursing were "a waste of my knowledge and talent."[41] Another nurse described her civilian nursing duties after the war as "dreadfully archaic and belittling." She had to learn, she said, "to shut up and be a good little obedient handmaiden to the doctors."[42] After Kathleen Splinter returned from Vietnam, she was reprimanded several times for performing procedures she had repeatedly performed in Vietnam. "I was put in my place more than once be-

cause what I did was not what nurses did," she recounted. "It stunned me because I had so many skills that I couldn't exercise anymore and I was being called on the carpet for it and reprimanded. Who did I think I was, did I think I was a doctor?"[43]

Some nurses were so unhappy with civilian nursing that they returned to the army in hopes of regaining what they felt was a near equal relationship with physicians. Anne N. Philiben left the ANC after the war and found a civilian nursing position, which was very limiting compared with her experiences as an army nurse. She rejoined the ANC and stayed until her retirement from the corps twenty-two years later.[44] Diane Corcoran also left the ANC after Vietnam but quickly decided that her wartime nursing experience differed from civilian nursing, where she was not allowed as much responsibility, such as in making independent decisions about patient care. She, too, rejoined the ANC and made it a career.[45]

As nurses quickly realized in Vietnam, their nursing experiences were far different from what they had expected. Although many found their education and training inadequate preparation for the types of wounds and quantity of patients they treated, they quickly adapted. For most, the intensity of their work was exhilarating. Other parts of their nursing work would be less exhilarating, however. Unclear about the reasons for the war, most nurses attempted to separate their nursing work from controversial politics. Many preferred to see their role as humanitarian, even as their work challenged their ideas about the war and their part in it.

"Florence Nightingale syndrome"

Whether they volunteered for the assignment to Vietnam or received unwanted orders to the war, many nurses thought of their role as purely medical. With that rationale, nurses such as Lois Shirley never considered the rightness or wrongness of the war as a question they needed to resolve. "You didn't think about fighting Communism and all this kind of stuff," Shirley explained. "I knew what my mission was. My mission was to take care of the wounded they pushed through that door. That was it."[46] Elizabeth Allen said her decision to go to Vietnam was also separate from politics. "[It] had nothing to do with whether I agreed with the war or not. Folks talk about the love of God and country, but that never factored into my decision. What did factor in was that there was someone in need."[47] Shirley A. Purcell "never even

thought of a political commitment going into Vietnam." She went, she explained, because "there were American troops there that needed help . . . They needed the things that I could give them in my nursing profession. That's what I went for. I really had no thought of whether or not we should be there."[48] For these nurses, their patriotic duty was to care for the wounded without questioning the broader context. "As a nurse I didn't feel I was part of the war effort," Pat Johnson explained. She went to Vietnam simply because "there were people being injured there. I felt very patriotic."[49]

Just as many women had done when considering their personal civic responsibilities, many viewed the politics of the war and their service in it in the context of male soldiers' situations. Betsy Leach had given much thought to the war before her tour at the 24th Evacuation Hospital and had even participated in a protest at the White House, where she had read the name of a soldier killed in Vietnam. But even though she opposed the war, she felt "the men didn't have a choice." So, she joined the ANC and went to Vietnam, where she believed she could "support the men while opposing the war."[50] Deanna McGookin joined the ANC in 1968 with a guaranteed assignment to Vietnam because she believed her emergency room experience would be particularly useful in a war zone hospital. "I felt that although I did not totally agree with our being in Vietnam for the reasons we were," she recounted, "I had something I could provide the GIs." Her belief that she could offer valuable nursing service proved more significant than her political views of the war. "The GIs were serving their country as they were asked to do," McGookin reasoned. "The least I could do was go over there and provide them the best nursing support possible." Her understanding that she owed nursing service in the war even surpassed prevailing ideas that only men owed military service in wartime. "My father used to feel kind of relieved he had all daughters, so there'd be no possibility he'd have to send children to war," she recalled. But as a nurse, McGookin believed she had to go to Vietnam. "I really felt I had a kind of service to perform. I enjoyed being able to do what I could for the people who, through no fault of their own, found themselves in life-threatening situations."[51]

This separation of nursing from the political nature of the war allowed even nurses with antiwar feelings to find a place for themselves in it. "I was a hippie," Jill Mishkel declared. "Smoked pot. Hated Nixon. Thought the war was wrong." But still she felt she "should be doing something" to help the troops. "Partly I was bored," she admitted. "Partly it was the Florence Nightingale

syndrome—you know, go over there and take care of the guys who are getting blown to bits. But I don't think I ever perceived myself as going off to fight a war."[52] Although Christine McGinley Schneider came home from a year in Vietnam believing that the war was wrong, she felt that her job had nothing to do with "whether it was right or wrong to be there . . . [I knew] there were people over there who were getting hurt and as a nurse I could be helping them."[53] Peggy Mikelonis expressed similar views. "I didn't support the war," she stated, "but I wasn't going to be one of the protestors, so I wanted to go and help take care of those who were over there."[54]

Once in the war, many nurses expanded their nursing work outside the army hospital by performing medical care for Vietnamese civilians through the army's Medical Civic Action Program (MEDCAP). This work allowed the nurses to experience another side of the war and forced them to confront its expansive costs to the local population. The army had established MEDCAP in 1963 as one of several programs to "win the hearts and minds" of the Vietnamese through basic healthcare and treatment for civilians in rural areas. By the late 1960s, the program was providing care for more than 150,000 Vietnamese civilians monthly. Although humanitarian in appearance, the program was never completely altruistic. Like many other U.S. military programs in the war, "MEDCAP was never intended to be a purely medical effort," Robert J. Wilensky observes in his history of the program, "but primarily intended as a psychological aid to combating VC infiltration."[55] Perhaps more important, the program provided invaluable, if ironic, publicity for the army—often in the form of U.S. personnel treating children with congenital defects or other visible injuries, some a direct result of American military action—at a time when its public image was in decline.[56]

Many nurses enjoyed their contact with the local populations as well as the different experiences this work provided. "On my day off I would participate in Med Cap activities at the leprosarium and provincial hospital in Hue," Mary Banigan recalled. "I did this in part for humanitarian reasons and also did get away from the hospital for a while to see a bit of Viet Nam and get to know the people."[57] Peggy Mikelonis and other nurses from the 3rd Surgical Hospital worked on MEDCAP activities at a nearby orphanage. The staff even brought a wounded boy back to the hospital, where he had several surgeries and "became like our mascot." But these trips to the orphanage also opened her eyes to another side of the war. "That was tough," she explained, "going to the orphanages and seeing all the Amerasian kids that were left there."[58]

Their interactions with Vietnamese often resulted in interesting cross-cultural experiences. Karen Bush had to bribe Montagnard villagers "with Kool-aid drinks in order to get them to be immunized."[59] Other women found themselves the center of curious attention. While doing "medical missionary work in the villages," Judy Hartline Elbring was sometimes the first American woman the villagers had encountered. Children especially were interested in her: "The little kids would come up and they'd pet my arms when I'd go into the villages," she remembered. Noting the contrast between her typical nursing duties and her work on MEDCAPs, she said, "It wasn't like a war at all. It was like being especially privileged to be invited into a completely different way of life than any that I knew. It was a good benefit." But while going to the villages to treat Vietnamese was a positive experience for her, it was not such a positive experience when Vietnamese civilians were brought into the hospital for treatment. After a napalm attack on a nearby village, several burned Vietnamese—including a baby—were brought to her hospital. The baby's subsequent death profoundly influenced Elbring. "That's the first time I can remember I was cleaning up after something we Americans did."[60] Lorraine Boudreau had a similar experience in which a nearby village had been napalmed. The villagers were brought to the hospital, but because "we needed the space for Americans," they were treated quickly and sent to the local provincial hospital, where, Boudreau believed, the critically wounded would not survive. "Incidents like this helped form a feeling that this was all a bunch of nonsense," she said. "We shoot them up, burn them up, and then we take care of them."[61] Although these experiences often proved challenging, nurses' contacts with local Vietnamese villagers allowed them to feel as though they were doing humanitarian work and even undoing some of the negative consequences the war was having on civilians. This idealism and optimism reflected the broader spirit of the time and of their American upbringing, even as the war began to chip away at their naïveté.

The nurses' involvement with Vietnamese combatants proved even more challenging to their attempts to separate medical work from wartime politics. As nurses, of course, they had been trained to treat all patients equally. As army officers, though, they were obligated to follow the medical department's mission to "conserve the fighting strength" by treating American patients first and with more attention than Vietnamese patients, civilian or combatant. Some nurses, such as Rose Mary Burke, had no mental turmoil about treating Vietnamese patients. Burke's medical-surgical ward included American sol-

diers as well as Vietnamese civilians and combatants.[62] The task proved more difficult for other nurses. Lily Adams initially felt hesitant to treat a prisoner of war but gradually came "to feel like this guy is really a human being and my patient—I'm happy when his blood pressure is good, worried when it starts to go down."[63] Another nurse felt similar hesitation but eventually concluded that the POWs in her hospital were also fighting for their country and deserved medical treatment.[64]

Still, many nurses struggled with this tension between medical and military missions. Jacqueline Navarra Rhoads knew she should treat all patients regardless of who they were but nonetheless did not want to treat Vietnamese POWs who had been sent to her hospital in Quang Tri.[65] Margarethe Cammermeyer had similar feelings about the POWs in her hospital. "Most of us were so angry that we had POWs there, taking and using our supplies and resources when the individuals they had been in a firefight with were in adjacent bunks."[66] At the 91st Evacuation Hospital in Chu Lai, during Anne Simon Auger's 1969–1970 tour, all nurses had to serve a rotation on the Vietnamese ward. Auger found the experience disturbing because of what it demonstrated to her about her own capabilities for hatred. She made one POW chew his aspirin, she confessed, "because I didn't think he had any right to complain while there were so many GIs injured." Overcome with rage on another instance, she intentionally distanced herself from a prisoner who had ambushed a platoon and killed six soldiers because she felt she might hurt the man.[67] "Even though you're a nurse, and even though you're trained and you're supposedly compassionate and humane and all that stuff," Nancy Randolph said, "he's also probably the guy that blew this GI's brains out that you've just got through wiping out of his ears. You know, you could not . . . stay removed from it."[68]

Nurses often found it difficult to "stay removed" from the war regardless of whom they treated and came to oppose the war because of the constant death and destruction they faced. Separating their feelings about the war from their duties as nurses was even more important. As Mary Reynolds Powell explained, "Sending [soldiers] back to danger ran counter to the heart and soul of nursing. It was the most difficult thing we were called on to do. Yet we did it, and we never talked about it or its effect on us."[69] Powell's explanation resonated with Jennifer Lundberg, though they served in different hospitals and in different years of the war. Lundberg explained that considering the politics of the war would have simply been too much to think about, that she did not have the emotional energy to question the larger meaning of the war.[70] But

nurses had to take into account more than their own feelings. "The patients needed to believe in what they were doing," Powell's hoochmate Stephanie said. "It was the glue that held them together. If they lost that, it would all be over." Nurses, Stephanie reasoned, "were just taking care of sick people. [Soldiers] were out there fighting. How could we be critical of the war? They needed to believe that what they did was worthwhile."[71] Sara J. McVicker felt the same way. When a group of her hospital staff held a fast on Thanksgiving Day 1969 to protest the war, she did not participate, even though she too opposed the war. "I remember thinking, 'I cannot do that. I cannot look my patients in the eye after what they have been through and tell them that this was all for nothing.' " Her job, she believed, was to "support the troops, not the policy."[72]

Some nurses acted out their frustrations with the war in other ways. The most public and direct nurse protest in the war was the Thanksgiving Day fast Sara J. McVicker described. Dubbed the John Turkey Movement, the protest had been organized by several nurses and other hospital personnel at the 71st Evacuation Hospital in Pleiku. They sent a signed petition to President Nixon, declaring, "So long as American soldiers continue to fight and die in a senseless war that cannot be won, we the undersigned feel that we have very little for which to be thankful," and then fasted the traditional dinner of roast turkey, cornbread dressing, and cranberry sauce in protest. Their efforts garnered national media attention, and ANC leaders were not too pleased by the publicity, but no one faced repercussions.[73] Other nurses might not have publicly protested but did express sympathy with those who did. Lorraine Boudreau served two tours in Vietnam, one in 1965–1966 and another in 1969–1970. When, on her second tour, several corpsmen came onto her ward wearing black armbands in support of the antiwar moratorium, she decided that if the hospital commander wanted the men to take the bands off, he would have to tell them himself because she also wondered what the point of the war was.[74]

Some came to oppose the war because of their experiences in it, while others grew frustrated with what they considered tedious army protocol, famously termed by Paul Fussell "chickenshit."[75] Particularly for younger nurses who had not been in the army for long, strict protocol seemed needless, including the army's prohibition of fraternization between officers and enlisted. Several nurses felt more comfortable around enlisted army personnel, who were sometimes closer in age to them than career army officers were. One nurse ex-

plained that she preferred to socialize with enlisted men because they treated her with more respect. Officers, she felt, "were rude and disrespectful and thought [nurses] were government property."[76] While some nurses in supervisory positions "looked the other way" when nurses socialized with enlisted, others held a strict view toward such fraternization.[77] In 1972, the chief nurse in Vietnam complained in her *End of Tour Report* that "Officer-enlisted relationships within the hospitals have tended to be relaxed and informal. There have been occasions when duty performance, although substandard, was not corrected because of personal friendships and the wish to avoid giving orders." Further connecting such practice to hospital efficiency, the report noted, "A casual method of ward management, rather than that of written assignment, has resulted from this informality. It has been common to hear enlisted and officer staff, on duty, use only first names when addressing each other." To correct the situation, the nurse emphasized "the necessity of calling individuals by rank and last name and of the need to place responsibility for duty performance by the use of written assignments."[78]

Some nurses resisted strict protocol in subtle ways. Two separate chief nurses' reports noted in 1971 that younger nurses in particular did not uniformly embrace army mentality and had "antimilitary" and "anti-establishment" attitudes.[79] "On the one hand, you wanted to fight the injustice of being there, but there wasn't any way to fight it," Jane Hodge explained. Although she was frustrated with the war, "There wasn't anything you could do except be nonconformist when you were off duty, which we were. I mean, totally nonconformist off duty."[80] Some nurses wore peace symbols on their uniforms or, like Kate O'Hare Palmer, sterilized peace buttons and took them into the operating room during surgeries in a symbolic protest of the war.[81] Such actions allowed the nurses to feel as though they were resisting the army and the war without too much risk of military discipline. Patricia Stemm, who served as assistant chief nurse and chief nurse at three different hospitals in 1970 and 1971, remarked that some nurses "wore the peace symbol and that sort of stuff" but chose to "razz them about it . . . as opposed to antagonizing them" because she felt that she should let "people express their little desires."[82]

In the end, the nurses felt they did what they should have by going to Vietnam, regardless of their personal opinion of the war itself. "You knew what you were doing was right," Jane Hodge asserted. "The fact that we were in Vietnam might not have been right, but the guys who were being shot up weren't the ones that had that choice to make." Comparing her situation with that of

her patients, Hodge reasoned, "That's why I think I was able to work and live under the conditions that we did for a year. It's because the kids—not all of them were kids, but a lot of them were—didn't have a choice about being there, and the least I could do was take care of them."[83] Although Judy Hartline Elbring became a nurse in order to go to Vietnam, and then even returned for a second tour, she admitted that she did not comprehend the political background of the war. "I never did understand what was going on," she realized. "I barely understand it now and I've studied it more." But to her the political background had no connection to her job. "I took care of the people that were immediately in front of me and did what was needed to be done medically," she stated. "That part was easy . . . Hurt is hurt, a bandage is a bandage. Bleeding? Stop bleeding. All of that, that made sense. But not some of the reasons behind it."[84] Other nurses came home with very strong feelings about the U.S. government and the war but still felt pride in their work. After her tour Mary Stout concluded that Vietnam would have become a Communist country regardless of whether or not the United States had been involved. "But I still think service to your country is service of the highest order," she maintained. "I've never been ashamed of having volunteered."[85] Originally having "believed that these people were being invaded by an enemy that they didn't want" and that "we were supporting the right government in Vietnam," Jeanne Rivera found that the war completely changed her ideas about the government. When she came home from Vietnam, she said, "I was no longer the red, white, and blue person I used to be." Still, she did not regret having gone. Summarizing the mix of emotions she felt about her experiences, she said, "It was a wonderful, horrible experience."[86]

For nurses in the Vietnam era, the ANC was a place to find new challenges and new equality as nurses. The corps pushed its nurses to attain a level of education higher than that of the average nurse to help them achieve equal standing with other officers. Regardless of the amount of education they had when they joined the corps, however, nurses in the Vietnam War had to practice a more sophisticated level of nursing than most were used to. Faced with demanding situations and expectations that they would make decisions about patient care, nurses were in positions of responsibility that they had not expected and could not easily replicate after the war. In their view, these experiences created a level of much-desired equality in the hospital, but adjusting to work in a wartime hospital was not easy for many reasons. Nurses struggled to

define their role in the war in a way that balanced their healing role as nurses and their military role as officers. Many chose to see their work as humanitarian and cited their duty to treat the wounded as the reason they sought service in the Vietnam War. Their motivations lay not in a sense of duty to country or in a belief that the war would save Southeast Asia and the rest of the world from communism. Instead, their motivations rested in a sense of personal—and traditionally gendered—duty to the men wounded in the war. Their separation of their political views of the war from their roles in it clearly offered a different interpretation of women's wartime roles than the one suggested by the Jeanette Rankin Brigade in 1968, when it invited Americans to the Burial of Traditional Womanhood, who, the brigade mourned, had for three thousand years been "bolstering the ego of War makers and aiding the cause of war."[87] Instead, these nurses considered their work in the war as professional and humanitarian, not a part of the war effort; nor did they believe that joining the army signified support for the American military and government policy. They "wouldn't be supporting the war," as Diane Carlson Evans explained; they would be "taking care of the fallout of the war."[88]

But no matter how hard nurses tried to separate their work from the war, they were very much a part of the army. And while they adapted to the army and the new kinds of nursing the war demanded, the army also adapted to the nurses. It struggled throughout the war to define the role of nurses in the military. As ranks opened to women, men joined the corps, and nurses advanced in their careers, the army tried to reconcile these progressive changes with its historical understanding of the gendered nature of nursing. Throughout the Vietnam War, the corps struggled with whether to distinguish female and male nurses, and how. Debates about the nurses' uniforms and the corps' use of male nurses in distinct ways illustrated just how powerful traditional gender roles remained in the army. The ways in which the army used female and male nurses suggested how army nursing was—and was not—changing, while the nurses' own understandings of how gender informed their work revealed how complex this time was for the army and its nurses.

CHAPTER FOUR

"Helmets and hair curlers"

Gender and Wartime Nursing

> Again, thank you for the ladies. As I've said before and I repeat to each arrival;—the PX may not have everything, the mail frequently doesn't get here and there's a hell of a long wait between USO shows, but the one thing every US Forces man in Vietnam knows: he'll always get the best of medical care with the round-eyed female type to nurse him back to health.
>
> —JAMES W. BLUNT, JR., COMMANDING OFFICER, 8TH FIELD HOSPITAL

On Sunday May 5, 1968, U.S. national and local newspapers ran the weekly edition of Charles Shultz's *Peanuts*. In this edition of the popular syndicated cartoon, a disgruntled Snoopy, the "World War I flying ace," exclaims, "Curse this stupid war!" Despondently fearing the war will never end, he decides, "perhaps one of the nurses at the dispensary will talk with me." When he finds Lucy, whom he believes to be an army nurse, he is moved by "these American girls coming over here to serve" and is pleased that this "dark-haired lass" is "quite a beauty too!" "It's good," Snoopy reasons, "to see a feminine face." Deciding that "this lass has fallen for me already," Snoopy then ponders his next move. "Who knows," he muses, "what tomorrow may bring?" Impulsively kissing Lucy, he immediately feels much better. Smiling and content, he walks away, concluding, "All soldiers should kiss an Army nurse at least once in their lives!"[1]

Although Snoopy's imaginary war was World War I, the publication of this cartoon at the height of the Vietnam War offers useful insight into the prevailing thought that army nurses were women who embodied all that despondent soldiers longed for. They comforted soldiers, distracted them from their trou-

bles, and improved their morale. In these ways, the cartoon underscored the gendered roles inherent in nursing and the military and illustrated the popular perception that army nurses embodied feminine heterosexuality to the troops. These gendered characterizations of nurses, while seemingly outdated, nonetheless influenced the army's use of nurses in Vietnam and, as General William Westmoreland's kissing of ANC Chief Anna Mae Hays at her promotion ceremony had demonstrated, occasionally became public spectacle.

The corps was a much more complex organization than these traditional ideas suggested. Its nurses were more educated than their predecessors had been, and they held higher positions in the military than nurses had in the past. The nurses were also not all women. In fact, the month that the cartoon appeared in the press, 30 percent of the army nurses stationed in Vietnam were men.[2] Throughout the war, the army struggled with how these changing realities and shifting gender norms defined its nurses. Many army officials maintained the traditional belief that nurses should be women while ANC leaders argued that nurses' duties should not be regulated by their sex. Not willing to abandon all of its gendered ideas about nurses and their work, however, the corps devoted considerable attention to ensuring that female nurses looked feminine in their uniforms and used them for purposes beyond nursing. The corps also struggled with how to use men in the corps without associating them with the feminine qualities it desired in women. As the experiences of these nurses in the war reveal, the ties between gender and nursing in the army were multifaceted and anything but cartoonlike.

"Starched, clean and feminine"

While army nurses saw their roles in the military elevated during the Vietnam War, first as officers and then as nurses, the army devoted a considerable amount of attention to their other, more gendered roles. ANC leaders and army officials debated different uniforms for female and male nurses, while several hospitals in Vietnam included beauty salons specifically built for women. A 1966 newspaper article about army nurses in Vietnam jested about how the army had to deal with these issues. "Did you ever stop to think how difficult it is to wear a steel helmet over hair curlers?" the article asked. "It can be a problem for the 39 American nurses stationed at the 85th Evacuation Hospital." The article commented on the long hours the nurses worked, described their living quarters, and discussed the possible threat of danger to the hospi-

tal. "That's where the problem of steel helmets and hair curlers comes in," the article pointed out. " 'When we have an alert in the middle of the night,' one nurse explained, 'we just grab a robe or something to cover ourselves, slap on our helmets and report to our assigned stations.' "[3] Highlighting the seeming contrast between femininity and militarism, the article revealed broader concerns the corps had regarding its nurses in Vietnam. Debates about their appearance reveal how, even as the army adopted several progressive positions about its nurses, it remained concerned about the gendered connotations and consequences of nurses' appearance. The debates about uniforms and appearance illustrate the army's attempts to combine army life with its preferred version of femininity, helmets with hair curlers.

The nurse's uniform represented much more than a simple uniform to the ANC. In June 1967 the corps arranged for several of its nurses to interview two women who had served in Vietnam, one as a hospital chief nurse and one as the chief nurse in Vietnam. When an audience member asked the two women how the ANC could better prepare nurses for their work in the war, Marian A. Tierney, who had served as chief nurse in Vietnam from March 1966 to March 1967, responded that new army nurses did not know how to properly wear their uniforms. "I know it's a little thing," she told the audience, "but hats mean absolutely nothing to them. It's just not part of the uniform."[4] The person who had posed the question later repeated it, this time specifying that she was asking about nurses' clinical nursing skills, not their knowledge of how to correctly wear the uniform. Clearly, though, a nurse's uniform figured significantly in Tierney's mind as a barometer of the female nurse's understanding of her role in the military.

What exactly that uniform comprised varied throughout the war. When the first ten nurses assigned to the 8th Field Hospital arrived in April 1962, they wore herringbone twill fatigue uniforms, ill-suited for the Southeast Asian climate.[5] The corps then tested new summer field clothing and decided on a cotton poplin fatigue uniform, though it continued to debate what nurses should wear throughout the war.[6] The fatigue uniform most nurses wore in Vietnam underwent several changes. In 1966, for instance, the ANC tested various collars, materials, buttons, sleeves, and pockets, and beginning in June 1967, issued nurses a new hot weather fatigue uniform made of lightweight olive green cotton poplin.[7] In February 1970, the chief nurse in Vietnam recommended that the pants pocket be moved from the front of the leg to the side so that the pants would be more comfortable when sitting or climb-

ing.[8] Overall, the nurses seemed pleased with the fatigue uniform. As one hospital chief nurse summarized, the fatigues "are light weight, they are comfortable, they are cool."[9] Practical questions, like the recommendation to adjust the pants pocket location, did not always dominate discussion of the uniforms, however. As often as the nurses and army officials discussed questions of practicality, they discussed questions of image and gender.

Seemingly a minor part of the nurses' uniform, the hat posed several issues for the corps about nurses' ability to maintain a neat, feminine hairstyle. The ANC tested several different hat styles for women in an attempt to find a hat that appealed to all. Until 1969, the army authorized a baseball-style hat, but so many women found the hat a nuisance and hard to keep on their heads when around helicopters that in June the corps requested permission to issue the jungle, or "boonie," hat to women for testing. With the baseball-style hat "a secure fit is difficult to attain," the ANC reasoned, "even with modified short feminine hair styles best suited for this tropical climate." Even a correctly fitted baseball-style hat made the neat, feminine image the army wished its women to project difficult to maintain. "The lack of ventilation and excessive prespiration [*sic*]," army officials explained, "results in damp, unattractive hair." For those reasons, the corps recommended the jungle hat, which "will provide a secure fit without flattening the hair . . . The high crown with many air vents will provide required ventilation to reduce excessive prespiration [*sic*]."[10]

The testing of the jungle hat proved that most women preferred it over the baseball-style hat because it was easier to wear and better suited to the hot climate. Some commented that it was more feminine in appearance.[11] The ANC ascribed significant meaning to the nurses' preference. "The psychological factor arising from a headgear which makes an attractive hairstyle difficult to maintain should not be underestimated," the corps explained. Calling attention to the continuing shortage of nurses for the war, it even linked hats to personnel requirements by arguing that unattractive hair "can create an impediment to the retention and recruitment of female ANC Officers."[12] Hospital commanders in Vietnam echoed the jungle hat's importance and commented that it "improved morale, enhanced attractiveness," while the chief nurse in Vietnam similarly noted that the jungle hat "will be the biggest morale booster of the year."[13] The corps ultimately approved the new jungle hat but overestimated its psychological importance. Even after the tests, questionnaires, and recommendations, many nurses simply did not wear a hat.[14]

Discussions of the nurses' hats seem minor compared with the ANC's debates about the white duty uniform. As with the hat, the debates focused more on feminine appearance than on practicality issues. Throughout the war, many army leaders pushed for nurses to wear the white duty uniform typical of that worn by American nurses at the time. In March 1964, General Paul D. Harkins, U.S. Army commander in Vietnam, commented on "the magnificent job that the 8th Field Hospital is doing for our troops over here (and the natives as well) and this includes those fine Army nurses." The nurses' appearance figured prominently in Harkins's mind. "It is our hope," he wrote, "that they will be out of fatigues and into nice white uniforms before long."[15] That September, the ANC instructed all nurses assigned to Vietnam to take white duty uniforms with them and sent white uniforms and caps to the nurses already there.[16] Instructions in 1966 for female nurses assigned to Vietnam also specified that they take with them eight white duty uniforms, two green cord uniforms (one to be worn upon arrival in Vietnam), washable cotton dresses, and at least one dress for social affairs. They would be issued five pairs of the tropical fatigue uniform upon arrival.[17] Similar directives continued throughout the war.[18]

Although the corps instructed all nurses assigned to Vietnam to take white duty uniforms with them, very few nurses wore them. Those who worked at the 3rd Field Hospital in Saigon wore the white uniform throughout the war (except during the 1968 Tet Offensive, when, because of laundry difficulties, they wore fatigues), while nurses at the 8th Field Hospital in Nha Trang wore it between 1964 and 1967, and those at the 17th Field Hospital in Saigon wore it in 1966 and 1967.[19] Later, in mid-1972, as hospitals closed because of troop withdrawals, the army instructed nurses at the remaining four army hospitals to wear the white uniform, though chief nurse in Vietnam Marion Minter noted that "there was some reluctance on the part of personnel to give up the fatigue uniform." More problematic was the "difficulty assembling white shoes, stockings, and caps as these items were not available in Vietnam."[20] Catherine Betz, chief nurse at the 3rd Field Hospital in Saigon from April 1966 to April 1967, explained that the nurses there wore white uniforms because "that was General Westmoreland's order! That's the reason we were in white uniforms." According to Betz, Westmoreland declared, "When my soldiers come into the hospital I want them to see a woman in a white uniform, with lipstick and her hair done up."[21] The effect of such dress and appearance would have helped create a more stateside look to the hospital. And, as Gen-

eral Westmoreland's comments reveal, pretty women uniformed in traditional white dresses were central to that environment. But despite Westmoreland's desires, several problems prevented the ANC from requiring all nurses in Vietnam to wear the white uniform.

Clearly, white clothing in a jungle environment would be difficult to maintain. Several chief nurses in Vietnam noted the primary problem of laundering the uniform: the water turned the garment to a rust color.[22] "The white duty uniform is not for Vietnam and the green cords are too expensive for the number needed in most of the hospitals," Jennie L. Caylor wrote. "About the most practical one that I can think of would have been the brown and seersucker of World War II or some other color than white for appearance, maintenance and general overall utility." Despite her insistence that the white uniform "is not for Vietnam," in September 1967 Caylor suggested that the corps consider testing the white uniform at the 6th Convalescent Center.[23] Connie Slewitzke, the center's chief nurse at the time, when asked about having nurses wear the white uniform, responded, "absolutely not because they would be hot, hard to wash, and bending over cots in whites is no fun."[24] The corps also considered using the white duty uniform at the 36th Evacuation Hospital near Vung Tau in late 1967. Because the hospital was located on the southern tip of South Vietnam on the South China Sea, American military personnel took in-country R&R trips there. The hospital's relatively unique circumstances are presumably the reason the hospital commander considered the white uniform, but hospital chief nurse Julia Decker opposed the idea, because the nurses did not have enough white uniforms and because they were too hard to keep clean.[25] Given these complications, the corps recognized the utility of the fatigue uniform, but only reluctantly. "Of necessity," an ANC report noted in 1967, "most of the nurses wear the unglamorous field uniform and combat boots, which protect the arms and legs from mosquito bites, and ease the personal laundry problems which a shortage of cleaning facilities dictates."[26] Throughout the war, the corps continued to insist that at least some nurses in Vietnam wear the white uniform, in spite of demonstrated problems. Such insistence revealed the corps' desire to maintain one of the most traditional images of nursing, one steeped in gendered and sexualized ideals of nurses.

An exchange between members of the ANC and the leadership of the Army Medical Department illustrated the gendered undertones of the white uniform. In October 1968, the army's chief surgeon in Vietnam queried the ANC about discontinuing the uniform's use. He questioned its practicality in light

of the maintenance difficulties as well as the "advisability of wearing this uniform in a hostile action area."[27] However, in December army Surgeon General Spurgeon Neel informed the chief surgeon that members of the ANC at the 3rd Field Hospital were to continue wearing the white uniform. "In view of the unique mission and situation of this one hospital," Neel wrote, "certain intangible factors more than compensate for the problems cited."[28] As comments from hospital staff indicate, the "intangible factors" that validated use of the white uniform were based in gendered definitions of the role and image of a nurse.

Several hospital staff members remarked that female nurses in white uniforms improved the morale of patients. "I am in favor of letting the female nurses wear white uniforms," one person commented. "I think it's good for their morale and also for the patients." Another stated, "I think the female wearing the white uniform adds to the morale factor of the fellows." Although it is difficult to determine whether each respondent was a man or a woman, at least one female nurse suggested that the white uniform boosted the troops' morale. "As a woman and as a nurse," she wrote, "we owe it to our profession to look as special as possible when carrying [*sic*] for the wounded GI's. That's a morale builder!" Yet another nurse echoed these comments but added an explanation of how the uniform improved the men's morale: "I believe that the wearing of the white nurses' uniform is a policy that should be continued at the 3d Field Hospital if for no other reason than it boosts the patient's morale to find a bed with clean white sheets waiting for him after many months of living under field conditions and nurses who look starched, clean and feminine!" These comments reflected historical wartime gender roles for women in which they nursed wounded men back to health while creating a domestic environment and serving as objects of men's sexual desires. One nurse even extended the women's morale-boosting purpose to other men in the hospital, evoking another traditionally gendered role for nurses—that of sexual objects for physicians: "The girls seem to all like wearing whites. They look nice, they are cool and good for the morale of the patients as well as male personnel."[29] In the views of these army personnel, the white uniform contributed to patient and staff morale because it represented the antithesis of the battlefield—femininity.

Several female nurses at the 8th Field Hospital offered similar interpretations of the uniform's significance in questionnaires about the white uniform. Of sixteen completed questionnaires, only one respondent recommended

discontinuing the option to wear the white uniform. Due to poor laundry conditions and difficulties in acquiring replacement uniforms, she explained, "it is best all females wear the tropical fatigues." Even she acknowledged the symbolic meaning of the women's uniforms, though. "The men coming from the fields like to see the women in white," she wrote. But, she affirmed, American women could serve that purpose even without the white uniform. "I feel it is a boost to their morale just to see a round eyed female—in whites or fatigues." Nurses who recommended continuing the option of the white uniform similarly cited patient morale as the reason. "I have received numerous comments from the GI's that they prefer seeing a nurse in whites," one nurse wrote, "and I must say that more than anything else encouraged me to wear mine." Another wrote that when she did not wear a white uniform, her patients asked her, "Don't I know that a nurse in white is definitely a morale booster?"[30]

In addition to its effect on patient morale, several nurses connected the white uniform to femininity and then contrasted that femininity with the war. One nurse remarked that wearing fatigues made her "feel quite unfeminine," while another noted that the white uniform "helps the female retain her femininity in this man's world over here." "Too many of the younger nurses," she continued, "when in fatigues, fail to watch posture—how they sit in the presence of men, but with a dress on closer attention is paid to this." To this nurse, the white dress forced women not only to look feminine, but also to adopt genteel feminine mannerisms. Other nurses compared the implied femininity of the white uniform to the masculinity of the war. "I consider it a privilege to be able to wear our whites in this country," one nurse commented. "I feel the troops enjoy a bit of femininity following their rugged trips in the field. A young woman in a dress does much for the morale of our troops as well as my own personal morale." Another used the white uniform to contrast women's and men's roles in war: "White uniforms I think give a nicer appearance (more of a nurse than a soldier)."[31] For most of the nurses at the 8th Field Hospital in November 1968, the white uniform held very specific connotations of femininity that separated them from the war and militarism.

Not all nurses at the 3rd Field Hospital found the femininity of the white uniform so desirable, however. Chief nurse in Vietnam Patricia T. Murphy noted that nurses disliked assignments to the 3rd Field Hospital in Saigon because "they do not want to wear the white uniform. They want to be out with the troop units and in fatigues. Many state that they did not join the Army or come to RVN to wear whites and work in a Stateside type hospital."[32] Ann An-

tonicci, a nurse there in 1969 and 1970, complained that wearing the white uniform "caused morale problems amongst the young nurses because they did not feel that they were part of the whole mission of Vietnam with the white uniform on. This set them apart."[33] For nurses at the 3rd Field Hospital, the feminine white uniform and the more stateside environment marked an undesirable difference between themselves and the war.

Another important difference that the white uniform symbolized was the distinction between the gendered roles of female and male nurses. "I feel that the female nurses here at 3d Field Hospital should be allowed to wear the white uniform," one nurse wrote. "The male nurses are fine in the Field uniform." Another commented, "I feel that in our command there are certain assignments which require, or necessitate the wearing of the white uniform." However, as this man's comments revealed, he wanted no part of the uniform's meaning. "As a male nurse I see no advantage for males to do so, but I believe that it is a great morale factor for our men to see the 'lovely ladies in white.'" Yet another nurse listed the reasons women should wear the white uniform: "Female nurses should wear white (1) Good for patient's morale (2) Dresses are more feminine than fatigues." But this nurse also specified that "Male nurses should wear fatigues (1) More functional than white—more pockets (2) All other personnel should wear fatigues, doctors, MSC, etc."[34] Although Neel's directive indicated that all nurses at the 3rd Field Hospital would wear the white uniform, it is clear from the nurses' comments that the uniform embodied feminine nursing ideals and thus should be worn only by women. The fatigue uniforms were more functional than white uniforms, but functionality was not the most important factor in uniform assignments for women. Female nurses were to boost patient morale, something that at the 3rd Field Hospital was thought to be done largely through a white uniform that represented femininity, heterosexual male tastes, and the absence of war. Male nurses, conversely, did not represent these ideals because they were men; they could not embody ideals of home and sexuality without violating the gendered nature of army nursing, or indeed without violating the army's overall gendered nature. They should, for those reasons, wear the fatigue uniform that resembled that worn by all other army men.

In addition to expressing concern about how the nurses' uniforms conveyed femininity, the army went out of its way to make sure that women had access to beauty salons, even though, as Elizabeth Allen noted, African American women still had little access to the hair and skincare supplies that they

needed.[35] At least four hospitals—the 3rd Field Hospital in Saigon, the 67th Evacuation Hospital in Qui Nhon, the 85th Evacuation Hospital in Qui Nhon, and the 36th Evacuation Hospital in Vung Tau—had access to a beauty salon.[36] When Catherine Betz arrived as chief nurse of the 3rd Field Hospital in Saigon in April 1966, she noticed a barber shop during her tour of the hospital compound. "Well, where's the beauty shop for the nurses?" she asked the commander. When he responded that he had not thought of having a beauty salon, Betz informed him that the hospital had to have a salon for the women. In part, Betz's insistence on a salon reflected her desire to have comparable facilities for women and men. It also stemmed from the broader army concern about women's appearance. "I mean," she clarified, "the nurses have to have their hair done because General Westmoreland says they have to be in white uniforms, and I said I, for one, have to have a permanent now and then. I can't have straight hair." Betz then worked with the army official responsible for post exchanges in-country and arranged to order equipment for the salon. She set up the shop, complete with "two sinks, as I recall, and three dryers." Apparently a full-service salon, it "even had a gal to do nails. And the kids who dyed their hair sent home and got all the dyes for their hair and we had a beauty shop." The salon did not interfere with the nurses' work, however. Betz carefully pointed out that if casualties came into the hospital, "whoever happened to be in the beauty shop and was needed [would] just go out with their curlers on and go to work."[37]

Virginia Knox, chief nurse at the 67th Evacuation Hospital in Qui Nhon, also decided that if the men had a barber shop at the hospital compound, the women needed a beauty parlor. After she discussed the possibility with the commander of the area, the army set up a shop in an empty room of the women's living quarters, with a couple of Vietnamese women working there.[38] One army news release emphasized the importance of its addition. "Since the opening of their new beauty parlor several weeks ago," it noted, "the female nurses stationed at this seaside hospital have been walking pretty. No longer do they have to tie their hair up in knots or cut it off in order to survive the climate." Beyond the practical benefits, though, the article emphasized that the shop made it easier for women to have a feminine appearance. "'Over here in Vietnam, wearing combat boots and fatigues like a man, well, you're sort of one of the boys,' nurse Paullete L. Poche remarked. 'Being able to come to a beauty shop changes all that. Not only do you look more feminine, but you begin to feel and think like a girl does again.' " The article continued to

note that while the female nurses appreciated the army's efforts to build the shop for them, they "seem to doubt that the men were thinking merely of the girls' morale."[39]

As the article revealed, questions of nurses' uniforms and appearance often had as much to do with the practical concerns of nurses as they did with ensuring that women looked attractive for the pleasure of army men. Through their desires to have female nurses wear appropriately feminine uniforms and their concern for the cosmetology wishes of women, army and ANC officials illustrated that femininity was a vital part of the ANC mission in Vietnam. Always careful to separate its male nurses from the gendered connotations of white uniforms and the morale-boosting role, the corps struggled to maintain traditional feminine images and roles for its nurses while adjusting to the reality that many of them were men.

Islands of Masculinity

The corps' concerns about nurses' appearance revealed its determination to maintain some ties between nursing and femininity, but the addition of men to the corps made that goal considerably more contentious. The ANC had a fifty-year history of using women as nurses, and the practice of nursing was well established in the United States as a feminine role. When the army admitted men as nurses, it had to contend with this history and create an alternative version of nursing in its place. That task would prove difficult for both the corps and the men in it. As the ANC assigned a significant proportion of men to the Vietnam War, the ways in which it used them revealed the army's resistance to using men in the same ways it did women, and thus illuminated the gendered complexities of the new corps.

The admission of men into the ANC in 1955 had not come without resistance from women in the corps. Billy Storey, who joined the corps in 1958, recalled that many older female nurses did not approve of male nurses. Storey could not decide "whether they felt threatened or that we were out to take their jobs away from them or what," but he and other male nurses "met a lot of hostility initially."[40] Jim Sokoloski joined three years later and also felt that men encountered negative comments from women who had been in the corps since World War II. The women's comments did not harm anyone's career, he acknowledged, but he remembered being "made to feel very uncomfortable by fellow nurses that just were not terribly excited about men being involved in

the profession."[41] Barbara Kishpaugh, a career nurse who had joined the corps in World War II, concurred and noted that the earliest male nurses "had many problems, as I could see it . . . At first," she explained, "they were not particularly well-accepted in a cultural and social way." Military men, she pointed out, believed "nurses were women. That's the way the troops saw them, and physicians, in particular, I thought were pretty rough on them." Consequently, the first men in the ANC "had to take all of the beatings. And they had to prove themselves."[42] Even Duane Howard, who joined a decade after the corps opened to men, recalled that the rare bias he faced in the ANC came from some of the older female nurses.[43] Although these men all indicated that the acceptance of male nurses greatly improved after the 1960s, their memories of that initial reluctance highlighted the army's gendered understanding of nursing as a woman's role and some women's desires to maintain their dominance of the profession.

Part of the prejudice against male nurses stemmed in part from common stereotypes that only homosexual or effeminate men would work in such a traditionally feminine profession.[44] Leo Le Bel, who entered nursing school in 1962, recalled "all the usual stereotypes about men being homosexual . . . who went into nursing. I was aware of, but wasn't particularly bothered by some of that."[45] Army officials refrained from expressly claiming that the men were homosexual, but they hinted at such a belief. Mildred Clark, director of personnel procurement when the corps opened to men and later ANC chief, remembered "rumors and innuendoes" circulating about the men who entered the corps in the first few years. The rumors, she noted, began at top army levels and circulated through the ranks. "There were comments like, 'Look at 'em, there's something wrong with 'em; look at the femininity.' "[46] The army leaders, Clark remembered, told her they preferred "to have an attractive blond taking care of me. I don't want a shaven face taking care of me."[47] More disturbing, though, was Clark's contention that these rumors led one of the first male nurses in the ANC to commit suicide. She did not mention any specific details about the incident but implied that circulating rumors of male nurses as effeminate or homosexual led the man to kill himself.[48]

The ANC did believe that some of its male nurses were homosexual.[49] Kishpaugh guardedly noted in a 1988 interview, "I don't know how confidential your material is, but I have to be a little bit cautious here." She explained that some applications to the corps "were from people who were not qualified for appointment in the service . . . Do you understand what I mean?" she asked

the interviewers, then clarified, "I'm not speaking educationally, but otherwise." Though she never explicitly stated that the applicants were homosexual, her comments certainly suggest so. "This was a very unfortunate thing to happen," she stated, "because it may have exposed these people to comments of criticism." Admitting the men to the ANC, Kishpaugh felt, "exposed" the men, whom she believed "should have been classified some other way . . . 4F or whatever."[50]

To counter the image of male nurses as homosexual, publicity about male army nurses frequently emphasized that the featured man was married, had children, or enjoyed seemingly masculine hobbies such as playing football or hunting. Randall F. Jenks, for example, appeared on the television show *What's My Line?* and won the maximum prize of fifty dollars when a panel failed to guess his occupation. Jenks initially hesitated to appear on the show, he said, because he felt the "press had sort of made a joke" of his work as a nurse, but agreed when the show "presented it in a very masculine manner."[51] In a story in the *El Paso Times,* former army medic Donald J. Schulz conceded that he had believed male nurses "were unmanly" until he became one himself. He then decided that "there is nothing unmanly about being a nurse . . . If you don't believe it," he challenged, "try to lift a patient who weighs 180 pounds out of a bed and into a wheelchair." Just in case the discussion of his physical strength did not convince readers of Schulz's heterosexuality, the article pointed out that Schulz, soon to be stationed in Vietnam, was married and the father of a month-old infant.[52] A 1966 *Chicago Tribune* article about nurse Vincent DeFazio, stationed at the 93rd Evacuation Hospital in Vietnam, similarly highlighted his heterosexual masculinity by affirming his compatibility with the war. His chief nurse commented that he was "doing a great job for us out here along with other male nurses." In particular, she noted, the men were "a great asset and in some ways fit conditions of this war better than girls."[53]

Although clearly some army officials feared the supposed homosexuality or femininity of male nurses, others believed that even heterosexual male nurses were a danger to patients. One chief of Pediatrics at an army hospital in Okinawa objected to male nurses being assigned to the ward because he was "afraid that those male nurses would harm his little girl patients." Lillian Dunlap, then chief nurse at the hospital, assured the commanding officer that male and female nurses served different purposes. Female nurses, she reasoned, were substitute mothers to hospitalized children, and, she argued, male

nurses could become substitute fathers in similar fashion. Legitimizing these men as heterosexual husbands and fathers who were not to be seen as sexually threatening, Dunlap emphasized, "Most of my male nurses were married and had children of their own."[54]

Facing these popular stereotypes, men often asserted their masculinity and position in nursing through a particular specialization that seemed to differentiate them from most women in the profession. Reflecting a national trend, the ANC's male nurses disproportionately entered the fields of anesthesiology, psychiatry, and operating room nursing. The most popular field, anesthesiology, was for many men their initial interest, not general nursing.[55] Both Oscar Houser and Robert Wehner decided to become nurse anesthetists before they even entered nursing school.[56] In an indication of how masculinized the specialty had become in some circles, Larry Hilliard was shocked to learn that he had to become a nurse before he could become a certified registered nurse anesthetist.[57] Several of the men said that they chose the field because it allowed for more individualized work and an increased level of responsibility, or because they thought it was more "scientific" than other areas of nursing.[58] Barry Powell's mother revealed just how common this characterization of the field had become. She often clarified her son's occupation to others by telling them that he was "just not a nurse now. He's an anesthetist."[59] As John Sherner pointed out, specializing in a particular area of nursing was beneficial for male nurses in other ways. "Back then in 1968, most of the nurses that were male nurses went into psychiatry," because the specialization was "a more acceptable" career path. "If you're going to be a male nurse," he reasoned, "I guess you were better off to be a psych nurse rather than a ward nurse." Specializing in a particular field, Sherner pointed out, "distinguishes you."[60]

The entrance of men into these particular specialties was commonly attributed to men's supposed natural affinity for the more technological and independent fields, where they performed less bedside care. This argument assumed that by carving out "islands of masculinity" in which their gender was assumed to be valuable, male nurses were able to minimize their association with femininity.[61] One 1971 *New York Times* article argued that male nurses brought "special talents of technological aptitude and emotional steadiness" to the profession.[62] "Men are needed in nursing," another maintained, echoing the earlier arguments that had justified opening the corps to men. "They can offer something special—a sense of balance, a particular understanding, a different viewpoint, perhaps, that should be welcomed by their women col-

leagues, patients, and physicians." Even more, another argued that male nurses constituted a more stable labor force: "Men do offer the profession some important assets—a special kind of compassion, a stability, and a gender balance we have needed for a long time."[63] Nursing schools contributed to the tendency for men to enter particular specializations deemed less feminine than others. Some schools, including the Pennsylvania Hospital School of Nursing for Men, where Dick Berry, John Evans, and Barry Powell attended, focused primarily on psychiatric nursing.[64] Other programs excluded obstetrics and gynecology from men's curriculum, reflecting and perpetrating the notion that male nurses were particularly suited for certain fields and unsuited for others.[65]

As the army grappled with how to include men in its new definition of nursing, it also had to assign them to Vietnam. ANC Chief Lillian Dunlap, who presided over the corps during the latter years of the war, remarked that the corps' official position on the use of nurses was not to "think of them as male and female." Rather, she insisted, nurses "are assigned, utilized, promoted, and their careers are as Army Nurses, not female and male Army Nurses." Despite this official intent not to distinguish between nurses based on sex, the army's understandings of gender affected how it used nurses. "Naturally," Dunlap conceded, "we have to take some things into consideration. It isn't a straight line like that. But that was my position," she affirmed, "that we didn't talk about male and female Army Nurses. We talked about Army Nurses, and that shut the reporters off at the pass on that."[66] As Dunlap's remarks illustrate, policy and practice were often two different things, regardless of what ANC officials said publicly. The Vietnam War demonstrated the gap between the two and revealed the army's attempts to maintain the historical feminization of its nursing.

Throughout the Vietnam War, the overall percentage of male nurses in the United States remained around 1 percent, while the percentage of male nurses in the corps and in Vietnam grew much higher. In 1967 between 20.5 and 29.6 percent of the nurses stationed in Vietnam were men, and in 1968 between 24.9 and 30.4 percent. ANC Chief Anna Mae Hays estimated that the percentage of male nurses in the war reached as high as 33 percent.[67] Officially, the corps had "no numerical procurement objective for male nurses" and refused to make sex-specific assignments to Vietnam.[68] The corps also refused to make assignments to particular wards based on a nurse's sex, with the exception that a woman had to be present when men treated American women.[69] Nonethe-

less, throughout the war, the ANC identified male nurses with an "MN" for "male nurse" before their military occupational specialty number. Although ANC Chief Clark insisted that they were identified "so that they wouldn't be assigned to a Women Officers' Quarters," the designation provided an easy way to identify the men for purposes other than housing assignments.[70]

In a speech she delivered on May 10, 1963, at a conference of the Civilian Aides to the Secretary of the Army, Margaret Harper hinted at situations in which this designation could prove useful. "We know that there are many situations . . . in which a woman may not go," she vaguely remarked and then continued: "A man qualified in the field of nursing will be a mighty fine adjunct to the medical support that must be given under certain types of conditions."[71] Chief Clark stated in an interview conducted twenty years later that she believed sex-based assignments were permissible only when security was an issue.[72] Indeed, she had refused a specific request for male nurses from the chief nurse in Vietnam in 1964. Clark responded that although she had received the request for "five male nurses," the ANC had "selected five outstanding officers (male and female) for this assignment." "Once a requisition of this nature is filled," she explained, "it becomes a 'fixed' requirement and we cannot fill a request of this type on a permanent basis by 'sex' per se . . . Also, this violates a very important principle when we have a predominant female Corps with outstanding female officers volunteering for this assignment." Clark did not wish to see qualified women overlooked for assignments in the war simply because of their sex. Nevertheless, Clark told the chief nurse that she had "the prerogative of assigning these five or any future nurses as you deem necessary where they are needed in that command—and this we expect."[73] Clark's refusal to assign male nurses corresponded to her later statement that she did not approve of any request for a hospital staff of all male nurses in Vietnam because she "didn't think it was proper."[74] However, by granting the chief nurse the authority to use nurses as she deemed "necessary where they are needed," Clark essentially permitted delegating male nurses within Vietnam to particular assignments based on their sex.

Clark's position on the assignment of nurses based on sex conflicted with that of Delk Oden, commanding general at Headquarters, U.S. Army Support Command, Vietnam. In a letter to Clark only three months after she refused to make sex-specific assignments, Oden specifically requested female nurses for the 8th Field Hospital in Nha Trang. "The proficiency of the three male nurses scheduled to arrive [shortly] for duty within the command no doubt

compares most favorably [with] their female counter-parts," he conceded. "However," he argued, the "healthy [psychological lift] and atmosphere [generated] by the presence of female nurses can not be over looked. For this reason I prefer that only female nurses be assigned to the Eighth Field Hospital." In a glaring indication of his belief that at least part of women's function in the army was to serve as objects of attraction for men, Oden continued, "Incidentally, our nurses look great in their white uniforms."[75] In response, Charles H. Moseley, director of personnel and training in the Office of the Surgeon General, stated that he had discussed the matter with Clark and army Surgeon General Leonard Heaton. Moseley responded to Oden in a tone of masculine camaraderie: "Your preference for assignment of female nurses to the Eighth Field Hospital because of the psychological lift which they may generate is most understandable." He then assured Oden that he would reverse the policy of the corps. "In future assignments," he wrote, "we will attempt to keep the number of male members of the Army Nurse Corps assigned to Vietnam at a minimum."[76] Oden did not get all female nurses as he had desired, but the two differing policies among the ANC and the Office of the Surgeon General reflect the difficulties and contradictions in the overall ANC practice of assigning male nurses throughout the war. Under certain conditions, the ANC preferred male nurses, while under others, it preferred female nurses.

Given that U.S. law officially barred women from combat, the ANC relied on male nurses "to serve in positions where it would be inappropriate to use women, such as with forward combat medical units and in airborne operations."[77] This policy meant that beginning in 1965, the corps assigned male nurse anesthetists to the 1st Air Cavalry Division, the 101st Airborne Division, and the 173rd Airborne Unit. To work with an airborne unit, nurses had to first complete airborne training.[78] In 1968 the ANC assigned eight male nurses to other combat units, including two men (an operating room nurse and a nurse anesthetist) assigned to the 9th Infantry Division to work on converted medical aid boats during the Riverine Operation in the Mekong Delta.[79] Nurses assigned to these units lived and traveled with the troops and provided care in the fields or immediately behind the troops. Moreover, these nurses had to be armed.[80] Because of the likely danger these nurses would face in the fields and the possibility that they would have to fire a weapon, the ANC sent only men to such assignments.

Assigning men to positions where, even as nurses, they would have to carry a weapon allowed the army to use them first as men, then as nurses. Many of

the men embraced this idea that, as men, they should participate in the military's mission to engage—or at least be prepared for—hostile action.[81] John Sherner recalled other men, including his roommate, having weapons but did not feel the need to protect himself and never had a gun.[82] Conversely, Larry Canfield stocked his hooch with several items, including "a big locker in which I kept an AK-47, an M-1 carbine, and about three thousand rounds of ammo. Plus, I acquired a .45-caliber pistol."[83] John Evans even carried a pistol on the ward because of problems with American soldiers on drugs. "It got to a point to where we wore a .45 when we'd make our rounds," he said, "because with some of the dopeheads, the troops, you had to be careful."[84] Duane Howard recalled several attacks on his hospital and said that he carried his "own personal concealed pistol, just in case."[85] Routinely carrying a weapon, particularly in the hospital, would undoubtedly not have been sanctioned by ANC leadership. Nurses were, after all, supposed to be noncombatants. But these men's accounts of stocking and carrying weapons indicate that in certain situations, they identified as, and sought to align themselves with, army men more than army nurses.

Although no hospital in Vietnam was ever free from the threat of attack, the ANC also employed a male-only policy with increased levels of risk. For example, though many hospitals had wards for prisoners of war, three hospitals devoted entirely to POWs, the 74th Field Hospital in Long Binh, the U.S. Army POW Hospital at Long Binh Post, and the 311th Field Hospital in Qui Nhon and later Phu Bai, were staffed predominantly by men. Women assigned to the hospitals functioned as chief or assistant chief nurses responsible for administrative functions, not patient care.[86] After an attack on the 6th Convalescent Center in Cam Ranh Bay in August 1969, male nurses there worked the night shift. John Evans, whose barracks were destroyed in the attack, remembered, "we had to pull night shift. The females didn't—we did—mainly because they were concerned about the safety aspect."[87] Similarly, the ANC assigned a male nurse to a clearing company in a remote area "because of the isolation of the Unit and the austere living conditions, and . . . the area was not too secure."[88]

The possibility of increased danger also meant that male nurses were more frequently assigned to remote hospitals beginning in 1972, when troop withdrawals increased and medical facilities consequently closed or moved to different locations. One of those hospitals, the 67th Evacuation Hospital, moved from Qui Nhon to Pleiku in January 1972. It continued to operate with both male and female nurses until May 11, when the ANC moved all the women to

the U.S. Army Hospital in Saigon and left the men in Pleiku.[89] Barbara E. Lane, chief nurse in Vietnam at the time, noted that the women were reassigned "because of the tactical situation," a remark echoed by her successor, Marion L. Minter, who said, "All females had been removed because of the anticipated Spring Offensive."[90] Barbara Metcalf, chief nurse at the U.S. Army Hospital Saigon, recalled that female nurses in Pleiku "were all brought out because that place was under attack at times. For their safety they were brought out, but it was not their wish that they be brought out."[91] One of the men who remained at the hospital was Oscar Houser, who functioned as chief nurse. Houser recalled that the hospital was under constant threat of being overrun, so all the staff had weapons. As a nurse, the realization that he might have to fire a weapon was startling but one that he accepted.[92] The hospital continued to operate with an all-male staff until it closed in March 1972.[93]

The ANC justified its policy of assigning only male nurses as advisers to the Vietnamese Nurse Corps with similar reasons of practicality as well as local gender customs. After 1968, several men in the ANC, Navy Nurse Corps, and Air Force Nurse Corps served as advisers to the Vietnamese Nurse Corps and as regional nurse advisers in the four military regions.[94] Gus Alexander, who was the nurse adviser in Military Region III, frequently traveled among the seven hospitals in his area to advise the Vietnamese nurses on medical techniques and hospital sanitation. He noted that the Vietnamese Nurse Corps was all male and that Vietnamese custom was "not conducive to males taking orders from females."[95] The only exception to this all-male policy in the ANC was Maude Smith, who was an adviser to the Military Medical School at Cong Hoa Hospital in Saigon. Again, issues of housing and the possibility of danger also seem to have informed the policy. "The living conditions and the travel and the field problems," Alexander believed, "were not really conducive to putting females in these positions."[96] The men-only policy seemed to be specific to the nurse corps, however; a female physical therapist from the Army Medical Specialist Corps was stationed at Cong Hoa Hospital to establish a physical therapy school. In addition, American civilian women worked with the Ministry of Health in public health programs.[97] These exceptions raise questions about the corps' professed reasons of not wanting to duplicate housing facilities or offend local custom.

The corps frequently stated that it used male nurses exclusively when constructing additional housing and latrine facilities for women would be problematic. For example, from October 1967 to April 1968, the ANC assigned

twelve to fourteen male nurses to the 1st Hospital Company of the 1st Marine Division at Chu Lai to avoid building additional housing facilities for female nurses.[98] When the 6th Convalescent Center opened in 1966 in Cam Ranh Bay, two male nurses were assigned; when George Urick arrived in March 1967, he became the fourth. No female personnel had yet been assigned to the hospital.[99] Because the physicians and hospital administrative staff were all men, assigning women would have required the construction of extra housing and latrine facilities.

As the cases of the 18th Surgical Hospital and 22nd Surgical Hospital demonstrate, however, different gender roles for male and female nurses often mattered more than practicality. Because the hospitals moved frequently (the 18th from Pleiku, to Lai Khe, Quang Tri, the air force base at Camp Evans, and back to Quang Tri; the 22nd from Long Binh to Phu Bai), the ANC used all-male nurse staffs to avoid constructing extra facilities for women.[100] Althea Williams, chief nurse in Vietnam in 1968, explained the rationale: "The original reason for not having females in the unit was *not* because of hazardous locations." All army nurses, she noted, served in dangerous locations. "Quang Tri and Phu Bai are as safe (or unsafe) as any unit. *All* are subject to fire harassment . . . The reason for the all male unit," she explained, "was for increased mobility and the need not to divert manpower to prepare double housing and latrine facilities."[101] In August 1968, however, the 18th and 22nd Surgical Hospitals were both integrated with female nurses in a process that reveals much about the army's views of the gendered roles of nurses.[102]

In August 1968, Williams wrote to Jeanne M. Treacy, chief of the ANC Assignment Branch, about assigning women to the hospitals. Williams explained that "the continued operation without the female officers has resulted in a deterioration of standards (personal, environment, and nursing) . . . The men were wonderful in the beginning," she conceded, "but even the Chief Nurses stated that they needed females to maintain adequate standards." Anticipating that Treacy would deny her request for women, Williams declared, "I do not think you will find any prejudice against male nursing in the Army. We do have prejudice against 'poor nursing care' rendered by either sex."[103] Although Williams never explained in her letters what she meant by deteriorated standards or poor nursing care, the next month she wrote to the ANC chief that the hospitals "have been infused with female nurses and considerable improvement has been noted."[104] She later advised in her *End of Tour Report* that "Female officers should be assigned to all male units prior to the establishment

of fixed standards of conduct, deterioration of personal hygiene, patient care and before problems of morale become evident."[105] Certainly the ANC did not want to tolerate "poor nursing care," but Williams's comments about "deterioration of personal hygiene" and "problems of morale," as well as the chief nurses' insistence that they "needed females to maintain adequate standards," demonstrated that the corps leadership expected its nurses to embody a particular set of characteristics.

Merely being a woman did not automatically provide one with the skills the corps believed necessary to maintain adequate nursing standards. Instead, Williams's note that the ANC needed female nurses to help acquire supplies from nearby military installations reveals the additional purposes women were asked to serve. Williams wrote to Treacy, "One Commander stated, 'We need the females for "bargaining power" to obtain additional support.' "[106] Frank Snell, a nurse assigned to the 18th Surgical Hospital, attested that Williams believed women to be useful in bargaining for supplies from nearby marines, as well as for patient morale.[107] Also assigned to the hospital, Dick Hooper stated more explicitly that female nurses were able to acquire supplies because the marines had not seen American women in so long. That the women's latrine—by then constructed and painted pink—always worked, whereas the men's did not, affirmed the women's bargaining power to Hooper. Women, he observed, acquired conveniences that he could not. "If you're going to war," he concluded, "you need to go with a hospital, especially if it's got pretty girls with it. They didn't even have to be pretty girls. Just girls."[108] Women's influence on patient morale seemed equally important as their ability to garner supplies from military men. Two army-produced articles about the hospitals noted that "morale has improved tremendously" after the arrival of women at the 18th Surgical Hospital.[109] Lillian Dunlap, who became ANC chief shortly after the articles' publication, remembered that the army commanders in the area "wanted to be sure the nurses were up as far forward with the hospitals as they could be." The reason, she explained, was that "when the young GI woke up in the hospital and there was a female nurse up there, there was a certain amount of comfort and security they felt."[110] Ultimately, the reasons for the integration of the nursing staffs of the 18th and 22nd Surgical Hospitals had as much to do with the army's assumption that women improved morale and guaranteed the attention of military men as it did with building dual latrine facilities.

A similar situation existed at the drug treatment center (DTC) established

at Long Binh Post in late 1971. When the army began mandatory urine screening for soldiers twenty-eight years old and younger in June 1971, it established three treatment centers for drug-addicted soldiers. One DTC was located at Cam Ranh Bay in the facilities of the former 6th Convalescent Center, whose nurses then staffed the DTC. The second DTC was initially located at Long Binh Post and later moved to the U.S. Army Hospital Saigon in October 1972 as troop withdrawals increased. Another facility, a drug abuse holding center, was set up in a former stockade at the Long Binh Jail "to separate those individuals whose behavior was markedly anti-social from the other patients who were attempting to 'kick the habit.' "[111]

When the DTC at Long Binh Post opened, the commander expressed a desire to assign only male nurses to the facility. His reason ostensibly rested in the primitive facilities, including "partially enclosed burn-out latrines . . . the remote location and transportation difficulties getting from quarters to duty." Accordingly, when the facility opened, the ANC assigned only men. With the continued operation of the centers, however, the ANC realized that the most important aspect of the patients' treatment was their psychological care. Thus, in April 1972, the corps assigned a woman to the formerly all-male DTC at Long Binh "for a 90 day period to determine whether or not the assignment would be appropriate for women." Apparently all went well, Lane noted. "The staff is very favorably impressed and would like more ladies." However, in yet another conflict between the opinions of the ANC officials and the army, Lane also indicated that some army officials preferred women for their psychological effects. "Some individuals feel," she related, "that women ANC members have a tempering effect on the behavior of the patients and help to restore a more normal stateside environment than all male staffs." Other army officials were apparently more explicit in their opinions about female nurses. "Line-type officers," Lane wrote, "are less subtle and state that they want women assigned to rehabilitation centers as sex symbols. I have suggested that women other than ANC members be used if nursing skills are not needed."[112] Lane's desire not to assign female nurses specifically to serve as eye candy for male patients reveals her understanding that the purpose of army nursing was indeed nursing and not male entertainment, though her willingness to assign other women to the facility for the same purpose suggests that she believed at least some women in the army were suitable sexual objects.

The discrepancy between policy and practice in the army's assignments of male nurses reveals the inherent struggle to define a place for men in the

corps, one that would preserve certain tenants of nursing as feminine while not associating the men with femininity. The men's experiences offer particularly revealing insight into the confluence of the nursing profession, the military, and the evolving gender roles of each. As male nurses, they confronted society's common understandings of nursing as feminine. As army nurses, they challenged popular notions that in the military, men fight and women heal, though when given the opportunity, the army readily assigned men in ways that upheld this dichotomy. These men illuminate the army's attempts to integrate male nurses into the ANC and use them in ways that would preserve the separation of masculine and feminine roles in the military, in war, and in nursing.

A time of many changes for the ANC, the Vietnam War forced the corps and the army to confront many of their established beliefs about nurses' place in the military. The corps' push for higher educational preparation and rank, as well as nurses' embrace of advanced practice in the war, elevated the position of nurses in the army at large. But as the corps integrated men and then assigned them to war for the first time, it faced new dilemmas about nurses' purposes and assignments. The entry of men into the corps revealed the many, often conflicting, notions of femininity the army had previously assumed all nurses embodied, and forced the army to reconsider the gendered roles of its nurses. In the medical care they provided patients, male and female nurses performed the same function. Beyond that, however, the army and the ANC attempted to preserve certain feminine roles for women while ensuring that men would not be associated with femininity. ANC leaders and army officials sometimes differed in the specific functions they wanted nurses to perform, but both the corps and the army maintained a firm belief that nursing was a gendered act and that women and men should perform different roles.

Concerns about uniforms, beauty salons, dual latrine facilities, and patient morale demonstrate the army's internal struggles over the meaning of nursing. The army would also struggle with its particular use of women throughout the war. Social movements in the United States were raising questions about the role of women in society and challenging the legal and customary limitations placed on their careers. These changes forced the army to reconsider its policies on marriage and motherhood, but the army would resist a complete redefinition of women's gendered purposes in war. Thus, even as the army embraced some progressive changes that would help to equalize women's career

potential, gender and sexuality remained prominent factors in women's wartime experiences. Traditional ideas about women's gendered purposes in wartime continued to shape their experiences, even as women considered their roles in the war in new ways. As ANC Chief Anna Mae Hays remarked in 1970, "A nurse is a nurse is a nurse but it really isn't quite that simple."[113]

CHAPTER FIVE

"I'm afraid we're going to have to just change our ways"

Wives, Mothers, and Pregnant Nurses in the Army

> The net result was that they gave me 21 hours' notice to get out. I was very angry because I did not feel that my pregnancy was a factor in my performance. I'd been pregnant since August, and this was January already. I did not feel that my pregnancy had . . . well, it had had some impact because I was a little draggy. But when you're working 12 hours a day, anybody gets a little draggy.
>
> —ARMY NURSE KAREN BUSH, ON BEING PREGNANT IN VIETNAM

"A general gave away one of the brides . . . The Roman Catholic chaplain-priest wore a gold chasuble on which was embroidered the Latin word *pax,* meaning peace. And ten minutes away Americans and Viet Cong were trying to kill each other." Even war, so it seemed, could not prevent two army nurses from finding love in Vietnam. The nurses, Catherine Ward and Marie Bates, had roomed together in nursing school, then joined the Army Nurse Corps (ANC) and received orders to Vietnam together. After falling in love with two army physicians they met at the 67th Evacuation Hospital in Qui Nhon, the couples decided on a double wedding. "We thought it would be easier to have a Vietnam wedding," Bates said, but they quickly learned they had to receive approval from both American military and Vietnamese officials. Even those legal hurdles, however, could not stand in their way. On Thanksgiving Day 1966, while twenty-one American casualties arrived at the hospital, the two couples wed in the compound's Chapel of Peace.[1]

The couples' wedding was not the first time American nurses had married while at war, but changing army regulations about women's marital status did pose new questions for the army in Vietnam. If the issue of women in the mil-

itary has been a contentious one throughout history, the question of wives and mothers in the army has been even more controversial. Until the Vietnam War, the military allowed wives only as a temporary measure, and it completely excluded mothers from the service. The army claimed its policies to be pragmatic, because single and childless women would provide fewer logistical problems and be more expedient to deploy than married women or mothers in times of war. But pragmatism did not exist in a vacuum. The army deployed husbands and fathers regularly and expressed no concern about the practicality of doing so. The army's historical policies restricting women's marriage and family options reflected broader social norms holding that married women's primary responsibility was the family and home. Even more, a corps of single women upheld traditional images of nurses and military women as representations of a particular kind of femininity. Army-issued recruitment images of nurses as attractive young women searching for romance and its practice of regulating women's physical appearance to appeal to male heterosexual tastes pointed to the broader army desire that feminine nurses embody a youthful sexuality. Adding married women, and even more so mothers, to the corps complicated this gendered purpose by adding different kinds of femininity. Married women could be attractive romantic partners but not available; mothers could be sexual but not alluring.[2]

During the Vietnam era, however, social norms were changing, legal discriminations against women were being lifted, and women were demanding the freedom to combine career and family. Cold War concerns about the family and women's sexuality also helped to create a social environment in which the army became more receptive to the idea that it should not stand in the way of women who sought to fulfill their two most traditional roles. These social pressures, along with wartime personnel requirements and the changing expectations of the women the army needed to recruit and retain, combined to force changes in military policies that had previously limited women's marriage and family options. Gradually, the army began to accept wives, mothers, and pregnant women in the corps on a permanent basis. The Vietnam War marked the army's first large-scale effort to assign married couples to the same wartime theater and was the first war in which pregnancy was not automatic grounds for discharge.

Marriage

From the founding of the ANC, regulations followed social understandings of women's primary purpose and stipulated that nurses must be unmarried and

without dependents. A notable shift from the Civil War requirement that nurses be maternal in manner and nondescript in appearance, these ANC regulations produced a corps of rotating young nurses who served until marriage in addition to a smaller contingent of career women who never married. During World War II, however, when increasing casualties demanded more nurses be sent to the fields, wartime expediency became a more crucial matter than prevailing social norms, and the corps permitted some married nurses to serve, if they had no dependents and did not serve in the same theater as their husbands.[3]

As more and more married women chose to enter or remain in the workforce after World War II, the army began, albeit hesitantly, to relax its regulations and allow married women into the corps. When the Army-Navy Nurses' Act of 1947 granted nurses permanent rank in the military, the army began to integrate women into the more competitive and career-oriented Regular Army, instead of only the reserves as before. Concurrent with its belief that career and family did not mix for women, the army stipulated that applicants to the Regular Army could not be married or have dependents, and if a nurse married while in the corps, she could remain in the corps only in the less advantageous reserves.[4] When the army admitted male nurses to the reserves in 1955, though, it allowed them to be married. Neither the army nor the ANC expressed any of the concern about the combination of men's roles as husbands, fathers, and nurses that they did about female nurses and their roles as wives and mothers. In fact, until the mid-1960s the army permitted women who married while in the corps to apply for a voluntary discharge, regardless of their assignment or contract terms.[5] The lack of concern, and even an unstated expectation, that the men would, or should, be married, reflected the army's desire for a different set of gender roles for male nurses. Although army practices mandated that a woman's primary duty was to her family and that her career should not be more important than her role as a wife or mother, it buttressed the idea that men could and should provide for their families through their occupation. Given the rumors of homosexuality that circulated in the army about the first male nurses, no doubt the army also hoped to counter prevalent stereotypes about men who entered the theretofore exclusive domain of women by facilitating heterosexual relationships.[6]

Many female nurses prior to the Vietnam era subscribed to the army's view of the primacy of women's domestic roles. In a 1949 army survey of nurses' opinions about opening the corps to men, one nurse responded that allowing men to marry and have dependents would not evoke women's disapproval be-

cause they "will understand completely" that women's primary purpose was to keep the home and care for children.[7] Three years later, though, a survey of nurses at Walter Reed Army Medical Center found that 60 percent of nurses believed different marriage and dependency regulations for men and women were unjust, and 18 percent believed that such discrimination would have affected their decisions to join the corps.[8] But even in 1962, the same year the army sent its first hospital to Vietnam, social expectations for marriage exerted great influence over young women. An ANC survey of nurses' reasons for joining or not joining the corps advised that the single most important factor to consider in nurse recruitment was that most younger female student nurses wanted to marry and have children and then, only if possible, to continue their careers as army nurses. As one nurse explained, "I want to be a wife and mother a lot more than I want to be a career Army nurse."[9]

As the Vietnam War escalated, however, nurses' views on marriage, motherhood, and career were changing. Throughout the war, the corps saw a marked increase in the number of married nurses serving in the corps, reflecting the post–World War II rise in the number of working married women and nurses in the labor force.[10] But as the ANC realized that its greatest source of loss was marriage, and as the corps desperately needed nurses, it began to relax its regulations even more.[11] Beginning in December 1964, the army permitted married women to join the Regular Army.[12] Students in the Army Student Nurse Program (ASNP) could not be married while in the program, but once commissioned into the corps, they were also free to marry.[13] As a result of these policy changes, as early as 1965 the ANC noticed a much higher number of married women serving in the corps.[14] In October 1967, for instance, 24 percent of the corps was married.[15] The need for nurses had pushed the army to remove a restriction that was as old as the corps itself, and it did so before other professions were forced to lift their restrictions on women's marriage.[16] These women faced none of the limitations on their careers that women had faced only a few years prior.

Despite the army's relaxing regulations, many women who left the corps continued to cite marriage as the reason. In 1971, one study of nurses' reasons for leaving the corps after their initial commitment found that far more married than unmarried nurses left, citing a desire to be with their spouse. Without further specificity, it is difficult to determine the nurses' rationale in these situations. Perhaps the women found it difficult to combine their army assignments to different locations every couple of years with their husbands' careers.

Perhaps they simply knew that army officials would accept marriage as a legitimate reason for leaving the corps and used it as an excuse to end an unwanted military commitment. Whatever the reasons, marriage clearly remained a very real issue for the ANC. In response to these findings, the study's author, chief nurse at the Walter Reed Army Institute of Research, recommended that the corps consider allowing married women and women with children to serve under different conditions and stipulations that would more easily accommodate their situations.[17]

The increase in married nurses led the ANC to make compassionate assignments to Vietnam so that married couples were stationed in the same theater. Newspaper articles highlighted the experiences of these new military families and implied that the army valued and even facilitated family life for nurses. The Rochester, Minnesota, *Post-Bulletin* featured a story about local army nurse Dorothy Deye, who met Kenneth Snow, an administrative assistant in the Department of Surgery at Fitzsimons Army Hospital in 1966. The two became engaged a few months later, shortly after Snow received orders for Vietnam. Originally, the two planned to marry when he returned from his tour but decided instead to marry while he was on R&R in Hawaii. Deye noted that the army "has been wonderful during all the planning" of her wedding, and that it arranged the couple's assignments so that the newlyweds could be stationed together at the 24th Evacuation Hospital in Long Binh after the wedding.[18] Another article featured the even more unusual situation of "one young man [who] is requesting reassignment to the well-publicized combat zone." Tony Howe, the article explained, wanted a compassionate assignment so that he could follow his wife, Irene, to Vietnam, where he hoped to be assigned to the guard unit attached to her hospital.[19]

The war even served as a backdrop to weddings, as it did for Ward and Bates in their 1966 double wedding. The U.S. press covered several of these ceremonies, highlighting what it perceived as an unusual combination of domestic tradition and military ingenuity. "The wedding cake was cut with a Bowie knife from a helicopter crewman's scabbard," a 1968 *Washington Post* article began, "and the ice cream was scooped with a jungle survival tool yesterday when Army Capt. Patricia Mann . . . was married in South Vietnam." These events were unusual occurrences, and the marriage of army nurse Patricia Mann and Don Sewell was the first to take place in Chu Lai. The combination of love and war formed a strange ceremony, the article explained, as "the couple exchanged vows in 105-degree heat in a small zinc-roofed chapel that

was 20 yards from an underground bunker, just in case of rocket attacks." Apparently, though, the war ceased long enough for the couple to celebrate with a reception dinner of steak and lobster, accompanied by the Americal Division band, before retiring to an air-conditioned brick house overlooking the South China Sea. The article painted a romantic picture of the couple but was also quick to point out the even more unusual circumstance that the bride outranked the groom, a chief warrant officer medical evacuation helicopter pilot who had won the Silver Star.[20]

Highlighting the seeming contrast between love and war, such newspaper stories about married couples serving in Vietnam focused on the quaintness of their experiences and projected domestic gender roles onto the wartime army. But the realities of marriage in wartime proved much more difficult. The corps made no promises to married nurses that they would be assigned with their spouses in Vietnam. Couples often requested and received assignment to Vietnam, but they were not guaranteed posts at the same hospital or nearby locations in-country, nor were they provided housing quarters together even if assigned to the same location.[21] The army might assign a couple to Vietnam, but it would then assign each person to a specific hospital or other station based on the needs of the army, not the couple's request. Particularly in cases where the nurse's spouse was an enlisted man or woman, the coordination required to assign the two together often proved impossible.

Nonetheless, some couples sought service in Vietnam so that they could remain together. Army nurse Shirley Menard met her future husband, Greg, her first day on the ward at Fort Sam Houston. Menard initially planned to leave the corps in January 1966 but changed her plans when Greg received orders for Vietnam in July 1965. A helicopter pilot, Greg was assigned to an air ambulance company attached to the 8th Field Hospital in Qui Nhon. Knowing that the army assigned nurses to the 8th Field Hospital, he wrote Menard and asked if she wanted to come to Vietnam. For her, there was only one response. "Are you kidding me, of course I did! My husband was there!" She admitted that she "had no conception of what Vietnam was." "[I] just wanted to be with my husband. So I forgot about getting out of the Army. There was a hospital over there, and my husband needed me. I was Miss Nightingale, ready to go. I asked for orders immediately." Asking for orders to Vietnam did not guarantee an assignment in 1965 because there were still relatively few nurses assigned to the war, but Menard "decided it was against God and everything else to keep a man and wife separated" and managed to get orders for herself. Since they

had no married living quarters, Greg rented a room for them in downtown Qui Nhon, and then, after fighting broke out in the city, they moved into a small shack across from the post entrance.[22]

When Babette Clough married her husband, he already had orders to Vietnam. She decided on her honeymoon that she would request an assignment to Vietnam to be with him rather than remain at her assignment in Killeen, Texas. She and her husband knew they might not be stationed together in-country but considered themselves lucky when he was assigned about twenty miles from her assignment at the 71st Evacuation Hospital in Pleiku. Even so, Clough worried about her husband, particularly when word spread of an attack at his location. A few months later he transferred to a post at the hospital. Given adjoining quarters, they knocked down the separating wall and created a room together for themselves. They celebrated their first anniversary with a cake made in an electric frying pan.[23]

At some locations, housing for married couples was similarly unproblematic. Helene Carroll, chief nurse at the 12th Evacuation Hospital in Cu Chi, had several married nurses working at the hospital, all of whom lived on Married Row in the nurses' quarters.[24] At the 36th Evacuation Hospital, living quarters consisted of a three-story villa: the first floor housed married couples, including Lynne Hudson, who had joined the army to go to Vietnam with her husband; the second floor women; and the third floor men.[25] Margarethe Cammermeyer and her husband constructed living quarters for married couples at the 24th Evacuation Hospital in Long Binh.[26] Violet Decker Nemky, chief nurse at the 8th Field Hospital in Nha Trang from July 1968 to July 1969, was fortunate enough to be assigned to Vietnam with her husband. Her hospital had five married couples, but living quarters housed only four. Although Nemky arranged time for the other couple to be together, she wondered if stationing couples together or even in the same area was a good idea. Nurses, including herself, she admitted, worried about their husbands' safety so much that they often could not function effectively among incoming casualties until certain that their husbands were not among the wounded.[27]

Married couples sometimes evoked envy from staff who were stationed away from their spouses. Mary Reynolds Powell's head nurse, Judy Thoesen, originally had orders to Okinawa but volunteered for an assignment to Vietnam so that she could be near her husband. When Thoesen arrived in-country, the chief nurse assigned her where she was needed, and her husband arranged to have his assignment changed to a location near his wife. Some at the 36th

Evacuation Hospital were envious of the couple, even though they were prohibited from rooming together. When Thoesen transferred to the 24th Evacuation Hospital, she was assigned a room beside the door to the women's quarters so that her husband could come and go without disturbing the other women.[28] Ann Antonicci similarly remarked that most married nurses at the 3rd Field Hospital enjoyed married living quarters, but other married officers who were not stationed with their spouses felt much resentment over the matter.[29]

When housing was not available for married couples, chief nurses often arranged for married nurses to spend time with their husbands when the men could visit the hospital. Madelyn N. Parks, chief nurse at the 85th Evacuation Hospital, set aside a room for married nurses and their visiting husbands.[30] While Margaret Canfield was at the 3rd Surgical Hospital in Dong Tam, one of her nurses developed a relationship with a patient, who was later transferred to the 3rd Field Hospital in Saigon. When the nurse had a few days off, Canfield would let her visit her new boyfriend. The two quickly married, and afterward, when he came to visit his wife, Canfield set aside a small bunker for the two. She made the bunker off-limits to all others so that the couple "could have some time together." Even more, she ordered, "Now if we have a mortar attack, nobody go in that bunker! That belongs to those two." She also noted that the rest of the staff did not feel any resentment toward the couple and that everyone was happy for the newlyweds.[31]

Other couples were fortunate to be assigned to the same hospital or at least to assignments near one another, but their housing assignment created a sticky situation for several chief nurses in Vietnam. In 1968, Jennie Caylor mentioned a "trend to set aside quarters for the couples although none are promised" and suggested that couples not be assigned to smaller surgical hospitals with smaller staffs and facilities. Otherwise, Caylor wrote, "there have been no more problems with them than with other officers as a whole."[32] Three years later, Patricia T. Murphy noted a continuing problem with housing. "Married nurses with their husbands in Vietnam have created many problems," she complained. "During the year there have been 47–57 married nurses with their husbands in country. The married nurses required as much time and effort as 400 single nurses." The marriage of nurses and enlisted men posed the greatest difficulties. "There is much resentment when the enlisted man is told he and his friends cannot have the freedom to come and go in the nurses' quarters," Murphy noted. "Allowing husbands of nurses to live in the

nurses' quarters has been the source of many complaints from single nurses regarding the infringement of their right of privacy in the quarters."[33] Difficulties in assigning couples in-country, however, did not seem to reduce the number of couples assigned to Vietnam—or diminish their expectations. Barbara Lane echoed the complaints of her predecessors in May 1972. "As the number of married couples increased, duty assignments based on MOS [Military Occupational Specialty] requirements became more difficult," Lane reported. "Married couples expect the military to assign them together. Repeated information to the effect that they are assigned as individuals rather than as married couples has had absolutely no effect after the couples arrive in Vietnam."[34]

Spousal assignments to stateside hospitals were easier to manage than were assignments to Vietnam, but even stateside married couples created another new circumstance: the unusual situation of a military wife outranking her husband. This anomaly occurred not only whenever a nurse married an enlisted man (technically a violation of the army's policy against fraternization between officers and enlisted), but also sometimes when a nurse married another officer. ANC Chief Dunlap recalled the difficulties these circumstances posed. In making the couple's assignments, Dunlap "felt very strongly that we should not place either one of them in a difficult position that could become an embarrassing situation for them." Of particular importance was making sure that "the ranking officer should in no way be in a supervisory capacity over the junior member of the couple," because as Dunlap noted, "if you had one supervising the other then you'd have to deal with efficiencies, preference of time assignments, and days off. No matter how hard I felt the supervising officer tried to make an effort to be objective, it could be and would be interpreted by some as not being fair. She could be accused of playing favorites." Even if the wife's and husband's work assignments allowed them to avoid a difficult situation, they still could face the prospect of not being allowed to socialize in the same army circles if one partner was an officer and one enlisted.[35]

The army's policies regarding the status of civilian spouses differed depending on whether the member of the army was a man or a woman. The army automatically defined the civilian wife of an army man as a dependent and granted her post exchange (PX), commissary, and housing privileges. However, based on the 1948 Women's Armed Services Integration Act, the army defined the civilian husband of an army woman as a dependent only when he relied on her for more than half of his income.[36] This policy meant that many nurses' husbands were not afforded the privileges automatically granted to the

wives of men in the army, including the wives of nurses. Army Surgeon General Hal B. Jennings considered the discrepancy a problem for the recruitment and retention of women. Because the majority of army nurses were women, he believed the ANC needed to resolve the "present inequities of housing, dependency, and status of civilian spouses," which he described as "patently discriminatory." Jennings specifically pointed out that about six hundred female army nurses were married, and because their husbands did not rely on them for more than half of their income, the army excluded the couple from on-post housing. The army also denied the husband commissary and PX privileges as well as eligibility for medical care.[37]

The Department of Defense Nursing Advisory Committee, a group of military nurses and civilian nursing leaders that advised the military on policies related to nurses, also recognized the discrepancy and its influence on retention. "Since a large majority of military nurses are women and many of these are married," the committee noted, "circumstances relating to [the] husband, his civilian employment and ability to follow the wife's military assignment are becoming influencing factors for [the] retention of women." Accordingly, the committee recommended that military husbands be afforded the same privileges as military wives.[38] The Defense Advisory Committee on Women in the Service also worked to change the regulations, and in April 1971, the Department of Defense announced it would extend commissary and PX privileges to the civilian husbands of army nurses regardless of their dependency status. The department also sought congressional legislation allowing all army nurses' husbands to be legally classified as dependents, regardless of their financial support.[39] What finally secured equal spousal benefits, though, was a Supreme Court ruling. The Court took up the question after air force physical therapist Sharron Frontiero filed a class action suit arguing that the denial of spousal benefits for her husband constituted sex discrimination. On May 14, 1973, with only Justice William Rehnquist dissenting, the Court ruled in the case *Frontiero v. Richardson* that the military could not grant spousal benefits based on sex.[40]

The army's changing policies on marriage and spousal benefits created a corps that treated its women and men much more equally than it had in the past. These changes reflected the overall post–World War II domestic culture of early marriages for young couples and allowed the army to recruit among that population. Since the U.S. military did not allow civilian families to accompany service personnel to the war, allowing married army couples to serve

together in Vietnam also provided the military its one chance to highlight the powerful image of American families in this Cold War engagement. As Donna Alvah argues, American families stationed in foreign nations during the Cold War under the auspices of the state "represented the American commitment to anti-communism internationally, as well as the alleged superiority of the American way of life."[41] The new challenges the ANC faced as it assigned couples to Vietnam, however, would seem minor in comparison to its struggles over questions of motherhood and pregnancy.

Motherhood and Pregnancy

While the corps increasingly accommodated the needs of married women and their husbands, it faced the continuing reality that regulations against motherhood cost it a significant number of nurses. In an environment in which American couples were marrying and having children sooner and with more frequency than had their parents, regulations against motherhood were certain to lead to the loss of nurses. In fiscal year 1963 the corps lost a total of 97 nurses, or 3.3 percent of the corps, due to pregnancy and parenthood, a number that rose to 183, or 4.9 percent of the corps in fiscal year 1966.[42] Again, given that the corps desperately needed nurses as the war in Vietnam escalated, these regulations had to change. Thus, along with changing regulations on marriage for army nurses came changing regulations on pregnancy.

Throughout the 1960s, official army policy held that no woman in the corps, whether married or unmarried, could have dependents under age eighteen. The regulation, like the one on marriage, stemmed from the 1948 Women's Armed Services Integration Act, which prohibited women in the military from having dependents and allowed them to be discharged for "regulations prescribed by the President," a phrase usually interpreted to mean parenthood and pregnancy.[43] In April 1951, Executive Order 10240 reinforced that regulation by allowing the military to discharge any woman who became the parent, stepparent, or guardian of a child under the age of eighteen, or who became pregnant or gave birth to a child.[44] These regulations reflected prevailing gender norms whereby women were to be primary caregivers and upheld the notion that mothers did not belong in the military at all. The army claimed its regulations protected the welfare of the child, but considering it did not also discharge single fathers who were their children's primary caregivers, the regulations clearly had more to do with gender expectations than with child

welfare. Moreover, as the regulations also permitted the army to discharge women who have "given birth to a living child"—presumably in this case the child was given up for adoption—the regulations highlighted the army's expectation that its women conform to social expectations holding that respectable young women did not become single mothers, even if they did not retain custody of the child.[45]

But while these regulations perpetuated the idea that motherhood and career did not belong together, the military did not have an unconditional directive to dismiss mothers. Thus, when the ANC leadership realized that its policies inhibited recruitment during the buildup for Vietnam, they were free to grant waivers to women with dependents. Beginning January 22, 1964, women seeking to join the ANC Reserve (not applicants to the Regular Army or ASNP) with dependents between the ages of fifteen and eighteen could request a waiver and join the corps. Women with younger children or who became pregnant—in other words, women whose children would require more attention—were not eligible for waivers.[46] The ANC chief reviewed each request individually, and all requests were subject to the approval of the surgeon general.[47] "We felt that if a nurse were pregnant," Anna Mae Hays explained, "she should not have to leave the Army Nurse Corps if, indeed, she would put the Army first and make arrangements for her children to be taken care of in the event of mobilization."[48] Even with the relaxed requirement, the number of army nurses with dependents was relatively small. In August 1964, 15.6 percent of all individuals in the ANC and the Army Medical Specialist Corps had dependents. One estimate held that 13 percent of women in the two corps combined had dependents.[49]

In the late 1960s, the ANC loosened its regulations further and began granting waivers to some women who became pregnant and wished to remain in the corps. Lillian Dunlap worked in the ANC assignment branch where these requests for waivers were evaluated in 1968 and 1969. "The position we took," Dunlap noted, "was that if the individual demonstrated the ability to manage her affairs after the baby was born, and we felt that she could manage this situation, we granted permission, with the understanding that if it interfered with her duty, she would have to ask to be relieved." The corps' revised policy again affirmed its belief that career and motherhood were not easily compatible. Dunlap stated that mothers were not "to be given any special consideration in terms of not going out on field exercises or not doing this or that. They had to pull their share of the workload." More specifically, she pointed out

that the corps wanted to ensure that mothers would not benefit from reduced workloads or requirements. "We weren't about to have those without children doing all the work because the ones with children couldn't meet their responsibilities as an Army Nurse Corps officer," she explained. According to Dunlap, however, the women's rights movement complicated ANC policies on motherhood. "About this time, all that equal rights stuff flared up, and we were directed by [the Department of Defense] that we could not use this as a way to eliminate people from the service. We had efficiencies," she explained, "and if we wanted to eliminate them for substandard performance, we could do that through the efficiency reports, but we could not use their family demands as reason for elimination." She maintained that the ANC only discharged women who "demonstrated substandard performance," who would have been discharged regardless of pregnancy.[50] The corps insisted that pregnant women and mothers successfully combine their roles as mothers and nurses, and more specifically, that their role as mothers did not interfere with their jobs in the army.

By the early 1970s, all the military branches were rethinking their policies on pregnancy and motherhood. Because the military did not discharge men who became fathers, and because civilian women employed by the corps in stateside hospitals had the benefit of maternity leave, the inequitable policy of discharging women came under increasing scrutiny. In an October 1970 meeting of the Nursing Advisory Committee, ANC Chief Anna Mae Hays discussed the prospect of changing the policies. The corps faced questions of "custody, abortions, and everything," she reported. "What's going to happen to us as nurses? Are we going to allow a nurse to have an abortion on demand and then retain her in the service, etc.? So all of these problems we're now facing."[51] In response to a question about the reasons for the different policies for men and women, Hays explained the difference based on cultural understandings of gender: "Well, there again society feels that if we were going to take that young child away from the mother—it's not quite so bad to take him away from the father." Hays did recognize, though, that many were coming to see these norms, and the army's policies, as inequitable, so she added, "That's why we've got to equalize it . . . I'm afraid," she admitted, "we're going to have to just change our ways."[52] Hays projected that in the next decade, the corps would have to become "extremely liberal" about these questions. "We'd rather have a young Corps," she explained. "It may be a busy motherhood Corps but a young one."[53] In her efforts to equalize the dependency laws for women,

Hays had the support of Surgeon General Jennings, who recommended that the ANC revoke its proscription against women having dependents and urged the establishment of a maternity leave policy.[54] The army, and all the military branches, would indeed have to change their ways in the next couple of years, largely due to the efforts of several women who sued to remain in the corps.

Nurse Lorraine R. Johnson joined the ANC Reserve and served for ten years before her son was born in 1968. When the corps automatically filed discharge papers for her, she asked for a waiver on the premise that the army policy to discharge women with dependents was discriminatory. Additionally, she asserted that being a mother would not interfere with her responsibility to the corps, and that in the event of her activation, her husband or mother would care for her son. The corps denied Johnson's request, so she filed for, and won, a temporary injunction granted by the U.S. District Court for the Central District of California in September 1970. The ANC granted Johnson a waiver to the policy on January 22, 1971, and allowed her to remain in the corps before the court could rule on the larger question of whether the army's policy of discharging pregnant women was discriminatory.[55]

A similar case moving forward at about the same time suggested that the military's policies were in danger of being changed by the courts. When Susan Struck, an air force nurse, became pregnant in Vietnam, the Air Force Nurse Corps returned her to the United States for discharge. She gave birth on December 3, 1970, and then put the baby up for adoption. Air Force Nurse Corps policy held that a woman could remain in the corps if she terminated the pregnancy, but that if she gave birth—whether she kept the baby or put it up for adoption—she would be discharged and could apply for readmission within twelve months. Struck sued on the basis that her discharge was discriminatory because men were not also discharged for fathering children. Struck lost her case in district court, then lost her appeal in the U.S. Court of Appeals for the Ninth Circuit.[56] Undeterred, Struck appealed again and, with the representation of the American Civil Liberties Union, received a hearing before the U.S. Supreme Court. The lawyer opposing Struck's case argued that "pregnancy diverts personnel from the primary function of fighting or support, and thereby impairs the readiness and effectiveness of the fighting force."[57] Arguing for the American Civil Liberties Union, Ruth Bader Ginsburg retorted that discharging women for pregnancy violated their rights to equal protection under the law. Fearing a ruling in Struck's favor, the air force granted her a waiver to

allow her to remain on duty before the Court could rule on the case, effectively undermining the Supreme Court.[58]

Not long after the ANC granted a waiver to Johnson in January 1971, the army announced a regulations change in which married women "who are pregnant, have had terminated pregnancies or who become parents" could remain in the army instead of being automatically discharged. Single pregnant women, however, would continue to be discharged, with the possible exception of special cases in which the woman terminated the pregnancy or gave the baby up for adoption. An army spokesperson assured the public that the regulation change did not automatically allow all mothers to remain on duty, but that a woman requesting a waiver would have to ensure the child would not interfere with her work and that her work would not result in negligence of the child.[59] By July 31, 1972, 139 women had applied for waivers under the new guidelines. The army approved 89 of these requests and denied 50.[60] A May 15, 1975, Department of Defense directive to all branches solidified these changes by ordering that women could no longer be involuntarily discharged for pregnancy or parenthood. Much more equitable than earlier policies regarding pregnancy, the new policy still differentiated between mothers, who had to prove their ability to efficiently blend career and family, and fathers, who did not. In 1976, however, the Second Circuit Court finally settled the matter when it ruled in the case of a female marine that the discharge of military women due to pregnancy violated their Fifth Amendment rights to due process.[61] These final changes came too later, however, for the women who had served in Vietnam.

Soon after the official regulation change, the press began to tell the stories of mothers who could then serve in the ANC, while reassuring the public that the changes were not disruptive to families. One Brooke Army Medical Center release described the story of Marie R. Deaven, who had joined the corps through the ASNP in the late 1950s and had served until she married in 1964. Deaven had two children and then divorced, and because of the regulation change, she could return to the corps in 1971. Seemingly compelled to explain how she could be both mother and army nurse, Deaven emphasized that her children would go with her to her assignments and that in the event of an assignment where her children could not follow, "all arrangements for such a possibility were made before she applied for Army service."[62] The *San Antonio News* highlighted the experiences of Barbara Hughes, who also took advan-

tage of the regulation change to return to the corps. "She's no brassiere burner," the article assured readers, "but she's glad to take advantage of a women's liberation–won relaxation of Army regulations that opens the way to women with dependents." The article credited the women's movement with securing the change in regulation but maintained that women in the army simply benefited from—and were not participants in—the movement.[63] The new army mothers, such articles emphasized, were devoted to their children and careers, not women seeking a way to abandon their motherly responsibilities.

Even as the ANC broadened its policies on motherhood, the Vietnam War meant that the corps could go only so far with its changes. Because the ANC undoubtedly wanted to avoid sending women to assignments such as Vietnam, where they could not bring their children, questions arose about whether the policy of allowing mothers and pregnant women to remain on duty was discriminatory toward those without children. Moreover, because of the army's policy of sending women who became pregnant in Vietnam home as quickly as possible, some nurses began to see pregnancy as a way to avoid the war. Pregnancy could become a political act and personal means of avoiding an unwanted assignment.

Lynn Calmes Kohl joined the ASNP in nursing school along with four friends after receiving promises from her recruiter that she would not be sent to Vietnam unless she volunteered. After all four women received orders for Vietnam, the friend who had convinced the group to join "went AWOL, got pregnant, and left the service, in that order, and the three of us were on our way to sunny Vietnam. We've never heard from her since," Kohl noted, "which is probably a good thing, because we might strangle her or something."[64] Kohl's friend was not the only nurse to avoid an assignment through pregnancy. Barbara F. Kishpaugh, chief of ANC procurement in the Personnel and Training Division of the Surgeon General's Office in the late 1960s, noted that the corps "had a few sudden pregnancies timed to coincide with when they should be entering into duty."[65] Several Walter Reed Army Institute of Nursing students, Martha Kuhns recalled, intentionally got pregnant to avoid having to go to Vietnam.[66] The ANC no doubt found nurses like these a liability, particularly because they were regarded as veterans without repaying any service obligation incurred.[67]

The ANC also faced the reality of pregnancy among nurses in Vietnam, though at least one hospital chief nurse thought the issue moot. Catherine Betz, when asked if any nurses at the 3rd Field Hospital became pregnant dur-

ing her tenure as chief nurse, responded, "I should say not. We were too busy."[68] Still, Betz worried that her nurses, who often socialized with the helicopter pilots stationed near the hospital, might become pregnant. "I went over there every now and then to see that there wasn't any hanky-panky going on," she reported. "But, as I said, they were too tired."[69] Apparently not every nurse was as tired as Betz believed the women at the 3rd Field Hospital to be. Chief nurse in Vietnam Jennie L. Caylor noted that between March 1967 and February 1968, sixteen of the approximately fifty married women in Vietnam became pregnant.[70] In 1968 Caylor's successor, Althea Williams, wrote a policy that outlined procedures for dealing with pregnant nurses in Vietnam. The policy specified that if a woman suspected herself to be pregnant, the chief nurse at her hospital would make arrangements for her to be examined by a physician. After confirmation of pregnancy, the nurse would have to declare whether she wanted to be reassigned to Letterman Army Hospital in San Francisco, Fitzsimons Army Hospital in Denver, or Walter Reed Army Medical Center in Washington, D.C. Upon arrival, administrative and medical reports would be completed to discharge her from the corps. The discharge procedures took some time, so the ANC tried to send nurses back to the United States as soon as the pregnancy was discovered.[71] This policy dictated that Martha Kuhns, who hid her pregnancy for eight months before she informed her chief nurse, be immediately sent back to the states for discharge.[72] Quickly sending pregnant women home also would have helped the corps to avoid situations in which a pregnant woman might develop complications due to the high-stress environment. In the event of complications in a pregnancy, the nurse was to be sent to the 3rd Field Hospital in Saigon for treatment.[73] Undoubtedly, the corps did not want to create publicity about its nurses becoming pregnant in Vietnam.

Because all pregnant women were to be sent home from Vietnam, some considered getting pregnant for just that reason. Leslie McClusky remembered a two-week period early in her tour during which she became very homesick and isolated herself. She spent most of her free time sitting in her room, "thinking how I could go home. First I thought I would get pregnant, but that would take too long." Interestingly, she also considered that she could break a leg, "only I wasn't sure that would get me out."[74] Another nurse said that she tried to get pregnant but could not because the physical and mental stress of the war prevented her from having a regular ovulation cycle. Soon, though, she "stopped trying to get pregnant and focused on the fact

that these young men coming in to triage couldn't get pregnant and had no choices on anything."[75]

While some nurses tried to get pregnant so that they could be sent home, other women hid their pregnancies for as long as possible so that they could stay in Vietnam. Karen Bush had volunteered for an assignment to Vietnam to be near her fiancé. When she learned she was pregnant, the two married. "I had real mixed emotions when I found out that I was pregnant," Bush remembered. "Because I really did want to be pregnant, but I really wanted to stay and complete my tour. And I felt 'Gee whiz, I can be pregnant and complete my tour with no problem.' " Informing her supervisors about her condition, Bush made clear she wanted to remain in Vietnam. "I said that I wanted to stay, that I did not feel a pregnant female was a sick female, and that I would not hold the Army responsible for the child," Bush explained. But her supervisors gave the five-months-pregnant nurse less than a day to leave. "I was very angry," she recalled, "because I did not feel that my pregnancy was a factor in my performance."[76] Nurse Sandra M. Talbert met her husband when he was a patient at the 3rd Surgical Hospital in Dong Tam, and after they married three weeks later, she transferred to the 24th Evacuation Hospital in Long Binh so that she could be near him. She soon discovered that she was pregnant, but to stay with her husband, she also had to hide her pregnancy for as long as possible. When she became ill and ANC officials at the hospital learned she was pregnant, she had no choice but to leave Vietnam and the corps.[77]

At least one woman did manage to hide her pregnancy for the entire term and delivered her baby at the 95th Evacuation Hospital in Da Nang. As Patricia Ryan, the hospital's chief nurse, explained, the nurse delivered there because one of the physicians was an obstetrician. The mother and baby were both sent back to the United States, where the baby was put up for adoption.[78] The birth was no doubt unusual, though another nurse at the hospital said, "People didn't make a big blowup when these things happened. You kept it rather quiet."[79]

Despite the reality of pregnant nurses in Vietnam and the policy to discharge them from the assignment and the corps, nurses recalled that the army did not readily supply birth-control measures for women beyond the condoms stocked in PXs. Diana Dwan Poole remembered no birth-control pills at the 67th Evacuation Hospital but noted that physicians often brought back the pills when they traveled with patients to an army hospital in Japan.[80] "If you don't think you can control yourself," Martha E. Johnson warned nurses in

her hospital, "go see our GYN man and get on the pill. I don't want any pregnant nurses."[81] As three nurses from the 71st Evacuation Hospital in Pleiku demonstrate, though, whatever measures the army did or did not provide for women, it was not forthcoming in notifying nurses about them. Sara J. McVicker remembered no real provisions for birth control for nurses at the hospital, though she did recall that a gynecologist worked at the nearby air base (where, she noted, no women were stationed) and that nurses had to get permission to go see him.[82] Another nurse, Sharon Stanley-Alden, recalled that nurses could get birth-control pills from physicians at the hospital, while Rose Mary Burke remembered birth-control pills being stocked in the hospital pharmacy.[83] Even as the birth-control pill revolutionized sexual relationships in the United States, the army continued its attempts to regulate women's sexuality differently than it regulated men's. Embracing motherhood among married women was one thing, but embracing a sexually active single female population was quite another. The army mirrored the widespread practice among physicians to not openly or readily prescribe the pill to single women and thus to deny women the same sexual freedoms as men.[84] But though the army reflected society in its acceptance of a sexual double standard, it granted women access to abortions seven years before the *Roe v. Wade* decision.

Because military hospitals had not been subject to civilian law since 1966, they could carry out abortions regardless of the laws regulating abortions at civilian hospitals. Thus, military physicians were free to conduct abortions if they chose to do so, regardless of state laws. To eliminate confusion, assistant secretary of defense for health and environment Louis M. Rousselot, a former World War II army surgeon, wrote a uniform policy for all military hospitals. Beginning July 31, 1970, all military hospitals were obligated to perform abortions and surgical sterilization services for armed personnel and their dependents. For a woman to obtain an abortion, she needed the approval of two physicians, though no other stipulations applied.[85] "Pregnancies may be terminated in military medical facilities," the policy declared, "when medically indicated or for reasons involving mental health." The Department of Defense noted in a *Washington Post* article that it kept no centralized statistics on the number of abortions performed, and that only the air force kept any statistics.[86]

Apparently, the Department of Defense also instituted the policy rather quietly, because President Richard M. Nixon did not learn about it for several months. Even though Nixon's personal opposition to abortion informed his ultimate reversal of the policy, his advisers urged him to reverse the policy in

an effort to please his prolife supporters, particularly in the Midwest and South.[87] In particular, advisers feared that the administration was "being lumped with the pro-abortion elements in the public mind" and that this association would become an issue in the 1972 presidential election. "Politically, there is just no mileage for us whatsoever in our current posture," adviser Patrick J. Buchanan argued to Nixon.[88] Buchanan felt that reversing the abortion policy would be "of assistance politically in the Catholic community," a constituency he believed overwhelmingly opposed abortion. A Catholic himself, Buchanan pledged to "guarantee maximum publicity in the Catholic media."[89] Maryland congressman Lawrence Hogan also encouraged Nixon to reverse the policy, in part to gain the favor of Catholic Democrats. He wrote to Nixon that Catholic voters may need a "special reason" to vote for Nixon in the 1972 election and that "abortion is such an issue."[90]

On March 24, 1971, Nixon overturned the Department of Defense policy. Laws regulating abortions, Nixon stated, had historically been decided by states, and "that is where the decisions should be made." Thereafter, military hospitals would have to comply with the laws of the states in which they were located, even though military medical practice was not otherwise subject to state laws.[91] In justifying his decision, Nixon outlined his personal beliefs on abortion, which he described as "an unacceptable form of population control."[92] Rousselot resigned shortly after Nixon's reversal of the policy.[93]

Nixon's action had no direct effect on abortions performed in Vietnam, however, because the commanders of overseas medical facilities determined their policies based on local custom and laws.[94] Pregnant women stationed in Vietnam could, and did, choose to have abortions. Patricia Ryan recalled that though she personally did not agree with abortion, she had to mention it as an option to nurses who became pregnant at her hospital in Vietnam.[95] In early 1971, chief nurse in Vietnam Patricia Murphy noted that "all pregnant nurses, married and single, who wish to carry the baby" had to leave Vietnam as quickly as possible. For nurses choosing an abortion, Murphy recommended that the procedure be completed in Vietnam. Later, though, she noted without explanation that the abortion policy was a problem.[96] Some women seem to have had abortions in Vietnam performed by army physicians. Julia Decker, chief nurse at the 36th Evacuation Hospital in Vung Tau from July 1967 to January 1968, remembered that a gynecologist worked at either the 24th Evacuation Hospital or the 93rd Evacuation Hospital, and that one of her nurses

went to the physician for an abortion.[97] "If I had gotten pregnant in the Army," Hannah Wynne recalled, "I could've gone and had an abortion without any kind of, you know, without any propagation." Wynne knew women who had abortions while in Vietnam and noted that though the procedure "was hushed," "it was not a problem . . . It wasn't a big concern."[98] Other women traveled to Japan for abortions. Bernadette Palya Miller, stationed in Vietnam from April 1970 to August 1971, knew one nurse who did so.[99] Frank Chamberlin, commander of the 17th Field Hospital in An Khe, facilitated trips on unpublicized air force flights to Japan for nurses and other women who wanted abortions. The women then returned to Vietnam and went back to work in three days.[100] It is unclear when the ANC began sending nurses to Japan for abortions, but chief nurse in Vietnam Barbara E. Lane wrote in May 1972 that nurses should have abortions performed at the U.S. Army Hospital Saigon instead of at an army hospital in Okinawa.[101]

The army's policy of allowing women to have abortions prior to the Supreme Court's *Roe v. Wade* decision in January 1973—and its ongoing practice in Vietnam, even after Nixon's reversal of the policy—clearly offered military women more options than were legally available to civilian women.[102] The policy may have been an attempt to minimize any publicity about a predominantly unmarried and sexually active nurse corps, which might have seemed to confirm the stereotype of military women as sexually promiscuous. The particular policy of granting abortions in Vietnam might have been a pragmatic attempt by the army to avoid the bureaucratic hassle of discharging pregnant women, whom it desperately needed in the war. But whatever the army's intent behind granting abortions to women, the option effectively allowed pregnant women to choose to remain in the army at a time when having a child was grounds for discharge.

Products of an American culture that valued marriage and motherhood for women more than career, these women reflected that culture and demanded more. Many nurses wanted to marry and have families, but they increasingly believed that their family choices should have no bearing on their careers. Even more, they believed their right to work, regardless of their reproductive choices, was just that—a right to which they were entitled regardless of their sex. Their adherence to such ideas indicates the degree to which feminist ideology had become part of mainstream American culture. Even women who did not participate in organized feminism began to assert feminist ideologies,

in this case the idea that women should not be constrained in their career and family choices. These were the women the army needed in Vietnam and for whom it revised its policies regarding marriage, motherhood, and pregnancy.

As the experiences of married women and mothers in the ANC demonstrate, the army made considerable progress during the Vietnam War toward integrating wives and mothers. Their integration came in small steps, revealing the complex interplay between feminist agendas and the army's wartime need for nurses. The army had needed nurses in previous wars, but earlier changes in policy had been temporary, granted only for the short-term purpose of meeting personnel needs. In the Vietnam era, the army faced not only a personnel need but also a changing social and cultural landscape of growing feminist ideology, which permeated even the military. Wartime necessities at least partly account for the army's liberalized policies, for when army officials spoke of discriminatory regulations, they did so in the context of the need to recruit and retain as many nurses as possible. It also seems unlikely that the army would have acted outside an environment of feminist ideology, in which women combined career and family goals and were willing to sue for equal treatment. Still, the army resisted change as much as it could, at times lifting restrictive policies on individuals just before judicial rulings would have forced wholesale change. Ultimately, however, the army responded to the demands of women. It had to recruit nurses who were oftentimes married or wished to marry and who assumed that career and family were fully compatible. It also had to contend with nurses in the corps who, though they did not formally organize themselves in protest against restrictive policies or frame their demands in explicitly feminist terms, did call for the ending of discriminatory policies that limited their careers if they chose to marry and have children. The army's tempered response to the challenges of feminism illustrates the institution's pragmatic approach to a changing society.

By reversing its traditional regulations that prohibited women from combining a family with an army career, the army positioned itself on the side of progressive change in the lives of women. Indeed, relaxed regulations brought real change for many women who in years prior would have enjoyed no options in their careers if they wanted to have families. Yet, as the army accepted wives and married mothers as a permanent part of the corps, it also embraced an image of domesticity that preserved many traditional gender norms. In providing for the combination of women's careers and families, the army pro-

moted the idea that its women were in fact continuing to perform the gendered roles of wives and mothers that they had long been expected to assume. As Margaret R. Higonnet and Patrice L.-R. Higonnet have written, "organicist familial rhetoric can alter subtly to contain potential disruptions" to larger changes in the military's gendered nature.[103] Moreover, these images of wives and mothers countered the historical stereotypes of military women as mannish, lesbian, and unfeminine. Through these changing regulations, then, the army accepted an equal rights approach to women's concerns without opening itself to a larger questioning of the gendered basis of military structure and ideology or even of the gendered roles it expected of women and men. In these ways, the army both advanced and constrained the position and image of women in the military.

The experiences of married women and mothers in the corps suggested how important the army's gendered expectations were in the lives of women. But it was not only wives and mothers who felt the army's gendered assumptions during their time in Vietnam. All women in the war found that gender and sexuality shaped their military and war experiences. In part, women's experiences were so molded because they were a visible minority among the troops. In other ways, however, the army and many soldiers expected women to embody normative domestic relationships for American men. The women responded differently to these pressures, but all found that their experiences profoundly affected their thinking on questions of women, the military, and war.

CHAPTER SIX

"You mean we get women over here?"

Gender and Sexuality in the War Zone

> The 1st Infantry Division lost a 105-mm. howitzer today with cease-fire all around. The driver of a truck pulling the 105 past the 93rd Evacuation Hospital spotted a nurse sunbathing in a bikini. He stopped. The driver of the truck behind him, also pulling a 105, spotted the bikini, too. He didn't stop.
>
> —*BALTIMORE SUN*

While stationed at the 3rd Surgical Hospital in Dong Tam in 1968, Margaret Canfield and the other nurses participated in the Easter Bowl, a touch football game that pitted the hospital's female nurses against the men from the nearby 9th Infantry Division. Although primarily an innocuous way to pass the time, the game highlighted the sexual tensions faced by women in the Vietnam War. Conspicuous in both the army and Vietnam, women were vastly outnumbered by men far from home, who in many cases desired the companionship of an American woman. The Easter Bowl, then, was much more than a game. It was spectacle. It was an excuse for the men to watch the women in action, to look at them, to fantasize about them, to even chase and touch them. Sex permeated the game but in measured ways. While playing, the women all wore white cotton balls on their derrières as "bunny tails," highlighting their bodies in a way reminiscent of the popular Playboy bunny image. But even with the women's sexuality accentuated, they were deemed off-limits. Any man who touched a "bunny tail" received a fifty-yard penalty. In effect, the men could get close but not touch the women in an obviously sexual way, at least not without suffering a penalty. In the end, the nurses won the game—

Canfield believed the men let them win—and were treated to a dinner the men prepared for them at the division's club, a prize that the men no doubt also enjoyed.[1]

Militaries have historically used women's sexuality to affirm and support martial masculinity. This gendered purpose for women has meant that they could provide support services for armies, contribute to the war effort on the home front, and serve as feminine symbols of what soldiers sought to protect and to whom they longed to return. This construction of women's gendered roles and sexuality was crucial to any wartime role for women. As Cynthia Enloe argues, "If women can be made to play the role of wives, daughters, mothers, and 'sweethearts' . . . *then* women can be an invaluable resource to commanders."[2] Following this understanding of women's wartime roles, during World War II, Rosie the Riveters working in defense industries, housewives canning food and planting victory gardens, and women joining the military's auxiliary corps all found their sexuality cast in patriotic terms. Even behaviors deemed transgressive for women were redefined as respectable and patriotic ways for women to support the war effort, as evidenced by the experiences of "victory girls" and militarized sex workers.[3] During the Cold War public fears about sexuality, both normative and non-normative, frequently linked women's sexuality to the status of national security and vitality.[4] At the same time, however, the army's younger female nurses were part of a generation that was beginning to make more vocal and visible demands for women's liberation and sexual revolution.[5] This combination of sexual concern and liberation meant that women in the Vietnam War experienced a conflicting and changing domestic debate about sexuality, to which they added the already complex nature of sex in the military.

Adding women to the war zone of Vietnam complicated the historical meanings of women's sexuality in wartime and demanded new understandings of the roles that women would play. In an era of calls for women's rights, sexual revolutions, gay liberation, and increased attention to how sex could be used to control women, the Easter Bowl revealed the nuanced functions of gender and sex in the wartime military. As the use of bunny tails demonstrated, women represented the prospect of sexuality, tantalizing but officially off-limits for the troops. Women endured a heightened sexual culture in the war that placed them in positions of having to deflect unwanted attention and to respond to pressures—even orders—to serve as morale-boosting reminders of American domesticity and sexuality. Women experienced this militarization

of their sexuality in various ways and responded through their own understandings of the gendered nature of their wartime and nursing roles. These experiences later shaped their beliefs about women's rights in the military and in society, and about the functions of gender and sexuality in American society.

"Almost like a commodity"

Before Lynn Calmes Kohl left for Vietnam, a nurse who had just returned from the war gave her a piece of advice. "Whatever you do," she warned, "before you go, buy all kinds of sexy underwear, black lace bras, anything just to remind yourself that you're female, because after a year in your combat boots and your fatigues, you're going to forget." Fearing that the woman's advice might prove true, Kohl and her friends packed the recommended articles. However, once they arrived in Vietnam, they realized the futility of their efforts because "everything got moldy and mildewy with the heat and the red dust." Stationed at the 71st Evacuation Hospital in Pleiku, Kohl faced an unwinnable war between the dust and her undergarments.[6] But while Pleiku's red dust might have hampered Kohl's attempts to preserve relics of her femininity, it could not make women forget their femininity in Vietnam.

Female nurses received a lot of attention for the simple reason that most men rarely saw American women during their tour. In fact, there were so few women that American troops used the phrase "round eye" to differentiate American women from the Vietnamese women they encountered more regularly. Marlene Kramel remembered patients waking up who thought they had died, and who would "sort of blink awake, and smell our perfume," then ask "Did I die? A round eye? Where am I? Am I in heaven? Are you my mother?"[7] The phrase "round eye" clearly referenced a racial distinction from Vietnamese women while generally uniting American women of all races and backgrounds. Soldiers, Marian J. Scott believed, "don't care what color she is just so long as she is an American."[8] More particularly, though, the phrase alluded to other differences between Vietnamese and American women. Vietnamese women, known as "mama-sans," worked for the American military on large bases in service positions. American troops also sometimes encountered Vietnamese women fighters.[9] More commonly, perhaps, they encountered—or at least knew of—Vietnamese women who worked as prostitutes in cities, in brothels, and near U.S. bases, particularly as the U.S. military forced villagers to the

cities when it cleared the countryside.[10] The distinction "round eye" captured all of these differences that U.S. troops observed between American and Vietnamese women, most particularly highlighting distinctions of perceived sexual respectability, even as the very phrase reduced women of all nationalities to racial difference.

Several women sensed the men's interest in them even before they arrived in Vietnam. The only woman on the plane during her January 1966 flight to Vietnam, Shirley Menard felt she "was treated royally." But even this positive attention dictated that Menard fulfill a feminine role for the troops. "I ended up playing stewardess on that flight for the men," she noted. "I'm from an older traditional family, and you feel like—when you're a woman and there's men all around that's sort of what you end up doing, at least at that time." Menard's presence also allowed the men to perform what they considered a masculine, protective role. "I will say this much," she recalled, "they stood guard when I used the only restroom on the plane."[11] Mary Ellen Smith was also the only woman on her flight to Vietnam in August 1968. Unlike Menard, however, she did not interact with the men on the plane because two of General Creighton Abrams's guards sat on either side of her and refused to allow the men to speak with her.[12] Their shielding of her from soldiers foreshadowed the protection many women felt they needed once in Vietnam.

After Karen Bush arrived at Long Binh Post, she and the other women from her flight went to the officer's club for a drink and left later that evening with a quick lesson in what it meant to be one of relatively few women in-country. The men in the club immediately "started clearing places, throwing chairs up in the air" when the women arrived. "It was a riot!" Bush described. "There must have been 200 people in that place." Apparently, the women's arrival sparked a change in attitude among the men, who a "moment before . . . had been sitting there drinking beer or whatever. Then they saw us and in a minute they had cleared away a dance floor." Just hours after arriving in-country, Bush and the other women were dance partners for the men in the club. "And we danced, we all danced until the 11 o'clock curfew. You danced with one fellow for about two or three minutes, then somebody else would cut in and it was like that." She remembered that the sudden and complete change in focus among the men "took awhile to sink in," but that she ultimately felt their behavior to be "a little sad, a little amusing . . . maybe a little of both." Bush quickly learned that women, willingly or not, were morale boosters to military men and reminders of heterosexual domestic relationships.[13]

Pat Johnson's realization that she was a novelty in Vietnam was not so entertaining. When she arrived at the 18th Surgical Hospital in Pleiku in September 1966, the hospital had just opened. Until the women's shower had a roof installed, helicopter pilots flew over the shower to catch a glimpse of the naked women.[14] Women's showers were apparently an attraction across Vietnam, as the experiences of Rhona Marie Knox Prescott indicate. "Some of the fly boys thought it was comical to fly overhead while we were showering," she remembered. "They got a big giggle and sometimes we were worried about what might be open to view." But, she described, "The water was so welcome it didn't really matter."[15] Men tried various tactics to look at the women. Marguerite M. Giroux-Eckman said it was possible there were Peeping Toms at the nurses' quarters at her hospital, but she dismissed their presence as a result of there "being so few females among a large male group."[16]

Sexuality permeated the war zone's military culture and, as Susan Kramer O'Neill observed, not only posed an awkward situation for women but also forced them to create ways of reconciling their place in it. While at Cu Chi, O'Neill saw a Bob Hope show, which she described as "just uncomfortably enough off color." The entire show exuded sexuality, from his troupe of dancing women known as the Gold Diggers to "Connie Stevens . . . braless under her little clingy outfit singing something very sexy," and "Miss World . . . being regaled by Bob Hope, but with off colored jokes that she doesn't understand."[17] And, as "one woman sitting with seven hundred men," O'Neill found the experience unnerving. Even more, she reflected, "I don't know how helpful it is for a bunch of horny GIs to get a show that's pitched at the gonads as it were . . . Because it's like a petting zoo; you can look, but . . . you can't touch." The show prompted men to make untoward remarks to O'Neill, but "in those days, that wasn't sexual harassment because . . . you're over there with all these guys, that's the way it works." Her only response was to "politely laugh" and be "hip enough to understand that this was entertainment," though, she wryly observed, the show was not quite so humorous. Her situation as one of few women in the war heightened her response to such a sexualized culture. "The guys probably didn't even notice . . . how sexually slanted the thing was and how much testosterone was floating in the air," she noted, "but as a woman there, you notice that stuff."[18] Such incidents forced O'Neill to confront the function of her sexuality in the war and to "try very hard not to be the sexual object that you[,] just by extension of the fact of your being there[,] are."[19] O'Neill's experiences highlighted the tenuous situation in which women

found themselves. They were expected to understand that they had entered a masculine war zone and that such attention to women's bodies was "the way it works." Offended but not wanting to offend, women had to deflect such unwanted attention in subtle ways.

For some women, this unsolicited attention was quite different from their experiences at home. Having attended all female schools, Julia Grabner Haskell had little experience with men and consequently discovered that the "service was an eye-opener."[20] Conversely, Jacqueline Navarra Rhoads found the attention she received from men a positive experience. She quickly became accustomed to American men being "friendly" with her and fondly recalled that nurses "were considered the most beautiful women in the world. The guys treated us special. You could have been the ugliest woman in the world, but still you were treated special."[21] At least three hospital chief nurses considered the experiences of these nurses a problem. Clarine Weighill commented that women who did not receive a lot of attention from men at home, but who found themselves suddenly popular in Vietnam, often did not know how to respond to their new situation.[22] "The thing of it is," Patricia Ryan explained, "that you have to remember that these people are away from home, they're in a situation where—especially, you take plain girls who've never had a lot of attention or get a lot of attention—girls that are even semi-attractive get pounded upon like Marilyn Monroe."[23] Barbara Kishpaugh put the problem more bluntly. Even "the least attractive woman had 10,000 boyfriends," she observed.[24] Men often exploited these women's naïveté. "You could see it coming," Kishpaugh recounted. "These guys just took advantage of some of these girls. In particular, one or two who weren't particularly attractive to men, and over there, you see, every man wanted them. It was kind of sad to see because they were a little bit on the innocent side. So you just have to talk to them and do the best you can with them."[25] These chief nurses, older than most of the nurses who served in Vietnam, revealed their concern that inexperienced women who were suddenly the center of attention were quite vulnerable in their new situation.

Some women, despite their vulnerability, found a new sense of power and control in their relationships with men. Men noticed Jill Mishkel throughout her tour, and though the attention was unusual, she welcomed it. "I was popular," she remarked, "and that was different for me, because I had never been popular in my life, mostly because I was so shy." Vietnam, however, marked a change in Mishkel. "It was funny, I wasn't shy in Vietnam. I don't think I had

a chance, because there were so many men, that it seemed real easy for me to talk to guys."[26] She enjoyed her ease of dating in the war. "One of the good things about being over there," she described, "was that you had more boyfriends than you could possibly ever want. You had your pick, basically. And you could get anything, anything you wanted."[27] "Men were not a problem, not really," Judy Hartline Elbring noted. "I always felt so in charge, so in control. I loved that there were fifty thousand men to one of me. There was something that was very satisfying about that." Even more, the war provided her a new kind of freedom in her relationships with men. Just as increased mobility had allowed women greater sexual freedom throughout the twentieth century, Elbring knew she "was a million miles from home. I figured my father couldn't find out what I was doing in a combat zone." In addition to taking her away from the watchful eyes of her father, the war created a sense of immediacy that Elbring found thrilling. "There was something about the danger, about the send-off, about the wondering if we had tomorrow, that I didn't want to wait."[28] Karen Johnson also felt that being far from home gave her more freedom in her relationships with men. "Sometimes your feelings and your actions were like they had no consequence," she explained. "I mean, you might've done some things I never would have done here."[29] Many women enjoyed being the center of attention in Vietnam, but as Jane Piper warned, "You had to remind yourself that it wasn't going to be like that when you came home. There were so many more men than women, and it felt really good. As long as you didn't get carried away. [Laughs]"[30]

Not all women enjoyed their newfound popularity. Mary Reynolds Powell first noticed men looking at her when she arrived in Vietnam at the 90th Replacement Battalion on Long Binh Post. Sometimes the men waved, sometimes they spoke, and sometimes they just stared at her. "At first the attention surprised and flattered me," she confessed, but soon "it irritated me . . . Within hours, I began to ignore it, which was fortunate, because it persisted for the next year."[31] Lynne Hudson similarly felt that receiving the glances of men was difficult. "You couldn't walk down the street, you couldn't go anywhere without being whistled at or just kind of a yearning of the GI soldiers towards the round eye. That was a hard thing to get used to."[32] But as Powell wrote, "We women were responsible for extricating ourselves from 'difficult situations.' " Powell felt that the army expected women to protect themselves from unwanted advances and that it did little to protect them. "If we did not want a soldier looking in our windows, we had to cover them," she explained. "If

we were bothered by aggressive senior officers, it was up to us to fend them off, preferably without offending them."[33]

Avoiding unwanted attention, though, brought its own set of consequences. Rose Sandecki felt women were "almost like a commodity" in Vietnam. She recalled her frustration when, after working a long shift, she would go to the officers' club only to face constant requests to dance. Not going to the club presented other problems, since "if you didn't go to the officers' club there was something wrong with you. If you stayed back in your hooch by yourself or stayed and talked to a couple of the other nurses, you were accused of being a lesbian, or you would be accused of having an affair with one of the doctors."[34] Lottie James, who was engaged when she served in Vietnam, had no interest in dating other men. Consequently, she believed, "Some of them accused me of being a lesbian."[35]

More problematic than rumors, though, were incidents in which several women experienced sexual harassment. One nurse experienced what she called "minor" sexual harassment: "[I] felt that if I made it obvious that I didn't appreciate a remark or sexual advance it stopped."[36] Barbara Price also received "sexual advances" from officers in nearby units but felt she was "old enough to handle them."[37] Assaulted by a major who was visiting the 93rd Evacuation Hospital, Elizabeth P. Finn handled the incident herself and did not report it to anyone.[38] Jane Hodge had her own methods for dealing with unwanted attention from men. While dancing with a colonel in the officer's club, she recalled, "His hand kept wandering down toward my tush." After repeated requests for him to stop touching her, Hodge attempted another approach. "I said, 'Sir, they spent the last six weeks teaching me that I'm an officer first, a nurse second, and a lady third. The officer has asked you to move your hand, the nurse has told you to move it, and the lady is about to slap the hell out of you.' . . . Which I promptly did." The man then threatened Hodge with a court-martial for assaulting a senior officer. That was fine with her, she assured him; his wife and kids could come to the hearing and learn why he had put his hand on her in the first place.[39] Regardless of how each of these nurses chose to address the harassment, these instances reveal what the nurses did not do—report them to higher military authorities.

The ANC knew its women felt vulnerable and were often in positions of danger. As chief nurse in Vietnam Patricia Murphy explained in her 1971 *End of Tour Report,* "I noted on prior trips to RVN and during this tour that very few female nurses worry or fear enemy attacks, rocket, sapper or a real attack. The

females are more fearful of assault by our own troops and with good reason from experience." Although she did not detail the incidents to which she referred, Murphy further explained, "In the history of Vietnam, allowing enlisted men in the nurses' quarters has led to nothing but trouble including assaults and rape."[40] Murphy's reference to "assaults and rape" is striking and suggests that such incidents were not uncommon. Several women attested to the seriousness of the danger posed by American men and their fear of assault. Asked if she ever felt endangered in Vietnam, Lottie James answered "yes," not because of the usual threat of rockets or mortars, but "mostly because of sexual harassment."[41] Constance G. Evans recalled that American men broke into the nurses' hooch several times. As a result, "We had to be protected from our own soldiers." The nurses had a curfew imposed, and corpsmen stood guard around their living quarters.[42] After an American soldier at Cu Chi broke into a female Red Cross worker's billet and murdered her in August 1970, the army installed concertina wire around the female nurses' quarters. Combined with the soldier who stood guard, the scene felt "like being in a prison" to nurse Jane Piper.[43] Wendy Weller took matters into her own hands because she sometimes felt "more scared of our soldiers than . . . of the enemy."[44] She kept a .38 pistol in her room "not for the enemy," she explained. "It was for the guys that were breaking in your hooch all the time."[45]

Not all women were so fortunate in fending off attacks, however. Mary Banigan initially did not think much about what being a woman in the military would mean. "My framework was that I was a nurse in the military and my role as a woman was a non-issue," she noted, "at least until I got to Viet Nam and then realized that being a woman had both good points and bad." Being a woman, she learned, "gave me access to special treatment, but also increased risk of sexual harassment—sometimes subtle and other times frightening."[46] "Sexual harassment could be very subtle," she explained, "with something as simple as guys stealing our underwear or pressuring us for dates/sex." At other times, however, as when a corpsman assaulted her, "such pressure resulted in overt sexual and/or physical assault." After being assaulted, Banigan discovered that only "rarely were there repercussions for acts against women." "I'm not sure which was worse," she contemplated, "the assault itself or the humiliation and code of silence."[47] Lottie James agreed with this evaluation of the army's policies on harassment and assault. " 'The good ole boy' army did not discipline men for 'behaving like a normal male,' " she explained.[48] This code of silence also affected a nurse who served with Constance G. Evans.

Raped in Vietnam, the nurse did not mention her assault until years later.[49] As Margarethe Cammermeyer believed, "there was such a stigma about getting raped that the victims of this abuse kept it to themselves."[50]

Not all victims of sexual harassment kept their experience a secret, but if the experiences of one nurse at the 93rd Evacuation Hospital are any indication, the army's response to such allegations did not encourage other women to be forthcoming. On January 31, 1969, a nurse was sleeping in her billet when she was awakened by a "sharp vaginal pain caused by CPT _____ having sexual intercourse with me."[51] She reported the incident to the hospital chief nurse, Mary A. Foley, later that day but asked Foley not to report it because she believed the captain (a hospital personnel officer) to be "sick" and because she felt "it probably wouldn't do any good anyway, and I did not want it publicized."[52] Foley later recalled that the nurse "desired only that I protect the other girls and tell them to lock their doors."[53] After several additional conversations with the nurse, Foley informed the hospital commander of the incident, who called the nurse to his office for a meeting.

At their meeting, hospital commander John Kovaric presented the nurse four options. According to his testimony, he told the nurse, in this order, that he could request she be transferred to another hospital, that she could request a transfer, that she could press charges against the captain, or that she could do nothing about the incident (but that because allegations had been made, he was not willing to allow this option).[54] Perceiving what he described as a "complete lack of affect" on the part of the nurse, Kovaric elected to tell her two false stories in an attempt to provoke a response. First, he told her that a hospital psychiatrist believed her allegations to be the actions of a homosexual figuratively trying to castrate males. Second, he surmised that her charges against the captain stemmed from her desire to have been paid for her sexual services.[55] A few days later, Kovaric called another meeting with the nurse, this time also with the man she had accused of raping her, in an effort to have the two "face each other while the accusations were out in the open, in the hopes that the situation could be resolved."[56]

Although army officials later noted that the commander's tactics of deceit were "of questionable taste" and "seemed overly abrupt," the two investigators assigned the case also found fault with what they deemed the nurse's slow response to the alleged attack and what they perceived as her insufficient protestations during the incident itself.[57] "Had she felt she was being raped," the investigators concluded, "the walls of the nurses' quarters are of such thin

material that she could have called out for assistance and have been heard by several persons in the building, both American and Vietnamese."[58] Ultimately, the investigators failed to rule whether rape had occurred. Nonetheless, in the report's summary, they again allowed their opinion about the nurse's response to color their report. "Theoretically," they admitted, "conclusions should not be drawn from 1LT _____'s refusal to prefer charges against CPT _____." Nonetheless, they ruled that "such refusal and her subsequent actions leave 1LT _____'s veracity and integrity open to question."[59]

Conversely, the investigators concluded that the accused captain was a "normal, well educated, somewhat conceited, 28 year old bachelor [who] appears to consider himself handsome and physically attractive to the opposite sex."[60] Several nurses testified during the investigation that the captain had a reputation for being, in the words of one woman, "out to get whatever he can from any nurse in the 93rd."[61] And yet, even as these women stated that he had "entered their rooms uninvited and made improper advances," the investigators concluded that because the captain "did not try to force himself on them physically," he "would not resort to forcing himself sexually on a woman."[62] Instead of a pattern of harassing behavior, the investigators ruled this "normal" man's previous unsuccessful advances on women to be an indication that he had not been successful in the case then under review.

The army's response to the allegations made by this nurse reflected contemporary thought regarding rape in which women were assumed to be at least partially to blame for the crime.[63] Questions about what the investigators and other army officials deemed the nurse's inappropriate response to the incident suggest their distrust of her allegations, while their assumptions about the captain's behaviors reflect a general understanding that young men had natural sexual proclivities that were beyond question. Although only one case of alleged rape, the resistance and doubt voiced by the hospital commander and army investigators suggest an antagonistic climate that shaped women's responses to harassment and assault.

The army contributed to the nurses' feelings of vulnerability by using them as tokens of femininity in a war where women were relatively rare. The army revealed its belief that women would impart femininity to the war even before women arrived. Information the corps sent to women with orders to Vietnam included suggestions for personal items the women might need. The first item on the list suggested the women bring civilian clothing and then specified that this clothing should be a "washable type (3–5 summer dresses)." Next on the

list was "two (2) party-type dresses." Other recommended clothing items included "blouses, skirts and shorts," "bathing suit and cap," "pajamas (shorties are nice)," and "underclothing—cotton is best for this climate but use your judgment," but the primacy of women's dresses suggested their importance to the army.[64]

The corps' suggestion that women bring party dresses to the war did not explain the rationale behind such an unusual request, but the reasons became clear soon enough for many women. Saralee McGoran was initially excited when the chief nurse of the 12th Evacuation Hospital in Cu Chi told her and some other nurses that they had been invited to a generals' party. The nurses were picked up in a helicopter, enjoyed champagne on the ride to the party, and had a lavish dinner with plates, silverware, and good food. "But then, afterwards," she described, "these generals—and these are big generals I'm talking, you know, the generals who headed up the big infantry divisions during that time—started trying to put their hands on us." Making very clear the men's intentions, McGoran recounted, "This one guy wanted me to call him Big Daddy. He wanted me to be his girl, sit on his lap and stuff." McGoran recalled that the man "didn't offer money," an act that illustrated his inherent belief that the women would willingly provide sex for army men. "The whole thing was just sickening. Obnoxious," and McGoran wanted to leave. After excusing herself to the restroom, she found an army major and asked him to take her back to her hospital, but he said he could not take her until the next day. Luckily, an enlisted man at the hospital let her sleep on an empty bed in the ward where he was on duty.[65]

Constance G. Evans, who also served at the 12th Evacuation Hospital, attended a similar generals' party. It served a specific purpose for the hospital, one she learned when the hospital received a shipment of lumber it needed. The nurses, she felt, had been "given to this party in exchange for some lumber [laughs]. I didn't realize that it happened. It was kind of how we got things. That is how we procured things. By entertaining."[66] Charlotte Capozoli Miller went only once to a generals' party. She and the other women liked their helicopter ride and their elaborate dinner with linen and china plates, but they quickly learned that their purpose was "to entertain the general's officers. If you didn't comply, then certainly you didn't get invited back. Well, that was fine with me," she concluded. Offended, she told a colonel who was harassing her, " 'I'm not a high-class lady of the night for these men that are old enough to be my grandfather.' So, needless to say, I was never invited back. Then I was

labeled a troublemaker."[67] These instances in which army officers harassed women raise disturbing questions about the men's use of rank privilege and power, as well as ANC officials' compliance in a misogynistic culture that expected young women to entertain older men. Additionally, the incidents reflect the class bias in chief nurse Patricia Murphy's observation that enlisted men—not officers—were the problem when it came to allegations of assaults and rape. "If the militarized rapist can be portrayed as a lower-class, lower-ranking brute-of-a-boy, then the upper-class, senior-ranking gentleman-of-an-officer acquires some protection," argues Cynthia Enloe. "A gentlemanly officer may seduce; he does not, so the militarized gender mythology goes, rape."[68]

Other nurses did not have to be sent to generals' parties to feel that some army men wanted women to fill roles other than nursing. Once during Mary Reynolds Powell's tour, a captain asked her to pin a notice on the hooch bulletin board inviting nurses to a unit party. Tellingly, the captain preferred that the group of nurses comprise at least ten women, including blondes, brunettes, and redheads; women between 5′4″ and 5′7″; none too heavy; and all interested in having fun. Experiences such as this one led Powell to believe that many officers expected women to provide sexual favors.[69] Wendy Weller recalled a particular visit to the post exchange when a soldier approached her and asked her why she did not wear more makeup since she was "supposed to keep up morale."[70] The soldier's attitude, however, did not surprise Weller. "I think some of these guys actually thought you were like their property in a way," she said.[71] Younger women commonly felt that the military's fraternization rules created a belief that nurses "belonged" to officers. Lily Adams learned during her first five days in-country at Long Binh that she wanted to avoid the officers' club. When she sought out the air-conditioned environment, she found herself surrounded by men who began "putting the make on" her. Although she learned how to avoid this unwanted attention, she maintained that "the officers really were the worst ones, always."[72] "Enlisted men treated me with respect," explained Saralee McGoran. "I wasn't government property, someone to be pawed at or to just sleep with. The enlisted guys respected me."[73] Such attitudes also existed within the medical department. Barbara Price believed that physicians at her hospital insisted she enforce the rule against fraternization between officers and enlisted in order to keep the nurses to themselves. Knowing that most of the physicians were married, Price chose not to enforce the rule because she preferred that the nurses date single enlisted men rather than married officers.[74] These women believed—in contrast

to the corps' belief that enlisted men caused problems for women—that enlisted men treated them with more respect than did officers, who seemed to expect sexual services.

Ironically, while some army officers seemed to expect sexual favors from nurses, the army also acted as moral guardian for women. When one hospital's executive officer discovered that men were staying overnight in the nurses' quarters, he erected a fence around their hooches in what Mary Reynolds Powell described as a "crack down on the loose morals of the nurse." The policy appeared unfair to Powell, evidence of "a double standard that dictated military men could have liaisons whenever and wherever they wanted, but military women, particularly nurses, could not." After the executive officer realized that he had inadvertently fenced in the officer's club, which was located in the middle of the nurses' quarters, he assigned corpsmen to stand guard around the nurses' hooches. These actions angered Powell, who wrote to her parents, "I haven't been so upset about anything these lifers and guardians of the public welfare have come up with. Nothing like caging in women who are at least twenty-one years of age, have lived independently, made life-and-death decisions, and slave seventy-two hours a week in their hospital."[75]

Given the widespread belief at the time that a woman's "value" depended on her sexual purity and that the women were responsible for resisting the urges of men who were naturally sexually aggressive, the pressures army nurses felt were complicated.[76] The unusual situation of being one of relatively few American women in the war allowed some women to feel a new sense of power in their relationships with men. Others, placed in a war far from home and surrounded by men who paid them considerable attention, felt compelled to protect themselves from unwanted advances. Particularly when the army ordered women to situations where they felt used for their sexuality, nurses felt great tension between their desires to resist objectification and advances and their obligation to obey orders. Powerful and vulnerable at the same time, women's sexuality shaped their experiences in the war.

"I would be the American girl"

Although being a woman in a predominantly male military at war was unnerving and even dangerous at times, many women considered their femininity an asset to their nursing duties, a crucial part of the nurse's relationship with the wounded soldier. That relationship assumed various forms. Often,

the women felt they represented maternal or familial figures, but at other times, they served as objects of the men's sexual desires. Even as they affirmed their skills and abilities as nurses and assumed positions of increased responsibility for patient care, many women embraced roles as gendered symbols of domestic relationships. In this combination of nursing and gender, the women formulated a place for femininity in their profession, the army, and the Vietnam War. Many women saw themselves as the embodiment of a traditional gender dichotomy in which women and men represented contrasting ideals in war. These women thought of their roles as women, as nurses, and as army nurses in ways that reflected the multiple ideas of gender in public discourse during the era, and yet they understood femininity and feminism in ways particular to their experiences as women, nurses, and members of the military.

In some instances, women felt that their feminine appearance and gentle demeanor reassured wounded and frightened soldiers. Jeanne Rivera, who served in Vietnam in 1967 and 1968, remembered a patient who refused to let the staff operate because he knew they would amputate his legs. She assured him that though he would indeed lose his legs, he would be able to walk fine with prosthetic legs. "It was little situations like that where I think sometimes a woman's touch really came to the aid of a lot of these severely wounded GIs," she explained. "Sometimes all they needed was just someone to talk to them." More specifically, she believed the men wanted a maternal figure. "Sometimes they thought I was their mother," she said. " 'Mom,' you know, calling me 'Mom.' They were so out of it."[77] Treating soldiers with physical disfigurements proved to be a difficult task for Jane Hodge. She believed, however, that femininity was crucial to the patients' emotional recovery. "They would think if we, as nurses or as females, could look at them, take care of them, and handle what had happened to them, that their wives or their girlfriends or their mothers would be able to, too."[78] Joan Waradzyn Thomas also saw her femininity as crucial to her role as a nurse. "This may sound old-fashioned," she conceded, "but I think maybe it was nicer to have a woman caring for you over there than a male nurse who was a little bit tougher, or bolder, or harder about the situation." As a woman, Thomas felt that she represented an alternative, feminine side of the war to wounded soldiers. "I think the guys—the wounded ones—had such a hard reality to face if they were going back home or if they weren't sure they were going to make it." Contrasting the "hard" experiences of soldiers with her feminine "soft" side, she explained, "Maybe I helped soften it, just by being more personal and calling

them by their first name instead of 'soldier.' " Thomas considered her femininity an asset to her nursing and felt "fortunate to be a woman who could be sympathetic and caring, and yet do the job at the same time." "Maybe it was a good role to have as a woman at that time," she concluded.[79] These women understood and embraced a traditional role for themselves in which feminine nurturing was an essential part of the wounded soldier's physical and mental recovery.

Many nurses believed that the soldiers responded to their outward femininity by becoming less militaristic. Margaret Clarke, the first chief nurse at the 8th Field Hospital, commented on the value of nurses' femininity in a *Chicago Tribune* article. "When the boys get sick," she noted, "they kind of like having a woman holding their hands. The boys will look at the nurses and say, 'You mean we get women over here?' It means a lot." Careful to specify that the nurses filled a respectable feminine role, Clarke explained, "We're often like mothers to them. And we shop for gifts for them for their wives and families. We can't do enough for them."[80] Nancy Randolph summarized the various types of femininity she believed American women represented. The soldiers "were all in love with their nurses," she said. "You ended up being their nurse, their mother, their sister, their girlfriend, their wife. You wrote their letters home, good or bad . . . You saw them twelve hours a day . . . and you, literally, were probably one of the few good things that had happened to them in the war."[81] Having nurses who filled feminine roles inside the hospital and in the war in general allowed patients to imagine a domestic social environment in which men and women assumed heterosexual relationships. Kathleen Splinter described this effect on patients. The soldiers "appreciated the girls that worked there. They really did," she believed. "I think it helped the guys get into the male/female thing. They tried to act better when there were women around." This kind of behavior helped to stymie the overwhelmingly masculine nature of the army and imparted a sense of domesticity to the American army at war. As Splinter indicated, the soldiers "thought of us as sisters or mothers or girlfriends and acted appropriate once they realized they were in a safe place, for the most part."[82] Nurses, through femininity, represented a nonmilitarized, peaceful domestic ideal.

The expectation that women would represent domestic relationships, however, also introduced questions of the ties between race, sexuality, and nursing. As the experiences of ethnic and black women reveal, many American soldiers associated nurses and femininity with whiteness. Although the phrase "round eye" grouped all American nurses into one category, and women such

as Marian J. Scott believed soldiers appreciated American nurses regardless of their race, other nurses experienced different responses.[83] Carolyn Tanaka, the daughter of Japanese Americans who spent three years of her childhood in an internment camp during World War II, joined the ANC in 1966 and then served at the 24th Evacuation Hospital in Long Binh. Because of her appearance, American military authorities occasionally viewed her with suspicion; one military policeman thought she was a Vietnamese civilian when she visited an orphanage with other medical personnel.[84] Lily Lee Adams, whose parents were Chinese and Italian, joined the ANC partly because she hoped to be stationed in San Francisco or Hawaii, where she expected to be less conspicuous.[85] Stationed in Vietnam, however, she discovered that many Americans thought she looked more like the enemy than like an American. She recalled several instances in which, while dressed in civilian clothes and with an American man, other men assumed she was a prostitute. She, like Tanaka, noticed that American military officials checked her identification materials more than they did others.[86] Navajo Annee Yazzie Coots felt she did not receive any mistreatment because of her ethnicity but remembered having her feelings hurt when other Americans mistook her for a Vietnamese woman. Their assumption that her dark skin meant she was Vietnamese signified to her their lack of understanding about her ethnic background.[87]

Interestingly, the army's wish that female nurses represent sexual desire to male troops posed new questions for the army. Army nurses had attained a degree of higher education, were trained professionals, and were members (or likely soon to be members) of the middle class. The Vietnam-era army, however, was largely neither college educated nor middle class. Neither was the army as homogenous in its racial makeup as was the ANC. These differences between the nurses and the troops to whom they were objects of desire raised important questions about the connections between gender, race, and class in the army. ANC records do not express the corps' opinion about how its use of women as symbols of heterosexuality crossed racial or class lines, though certainly regulations prohibiting socialization between officers and enlisted troops minimized the likelihood of interracial or interclass relationships. As Elizabeth Allen discovered, being black limited her social relationships. Black troops sought her out since there were relatively few black women in the army, but because army policy against fraternization dictated that she socialize only with officers, and because there were relatively few African American officers in Vietnam, the year was the loneliest time of her life.[88]

While military culture imposed femininity and sexuality as women's primary role in the war, some women also embraced a traditional gendered role in which they saw themselves as feminine morale boosters. Judy Hartline Elbring noted that she always wore her hair down when she accompanied a chaplain to perform religious services for soldiers in the field "so that they would know that there was a woman there."[89] But she was careful to distinguish her role as a professional nurse from the general role as a woman she believed she should uphold. "I asked my mother to send me some colored yarn and I would braid it in my hair but not for on-duty," she specified. Off duty, her use of feminine items allowed her to please the troops while asserting her own individuality and rejecting military conformity. "When I was off-duty," she explained, "I'd swing my braid over my shoulder with the yarn running through it and wear earrings and perfume and I would go out riding in the helicopters and I would be the American girl."[90] Women's hairstyles, another nurse attested, appealed to soldiers. "They also loved pigtails," she said, and so "a lot of girls wore pigtails. 'Oh, you look so cute in those pigtails,' the patients would say."[91] These women's determined efforts to look feminine suggest that they enjoyed playing the part of the "American girl."[92] Describing the satisfaction she felt from these efforts, Elbring said, "I always felt like I was kind of a representative for everybody that couldn't be there and that I would be the familiar girl." She took pleasure in her femininity attracting the interest of the men she encountered. "I'd be somebody they could look at and I would look like home," she explained. "Nothing else did. But *I* would look like home."[93] Looking feminine, Elbring believed, distinguished her from the troops and the wartime environment because femininity was domestic, not militaristic.

Although sexuality was an essential part of the women's (and men's) characterizations of femininity, the women often cast their femininity and sexuality as innocent. "Even when we were off duty," Lily Lee Adams remembered, "we would be stopped, and men would stop and talk to us . . . We were like the girls next door." To Adams—at least when soldiers did not assume she was a prostitute—femininity became the basis of the her purpose in the war. "We were very significant," she asserted, "not just as nurses but as women." To Adams, the foregrounding of her gender was a positive experience. "That's when I became more in touch with my femininity," she noted. "It was something appreciated by men." Even more, she distinguished between the role her femininity played in the war and the role it played in other situations. "All this sex objectivity that I experienced stateside wasn't really what I was experiencing

in Vietnam. I was experiencing the appreciation of being a woman," she explained. "Men would say to me that I smelled good, that I looked soft, 'Could you just stand here and talk to me? I've not been around an American woman in a long time and it just feels good to stand here and talk to you.'"[94]

Other women similarly believed that the attention they received was harmless. While in the audience at the 1970 Bob Hope Christmas show, Christine McGinley Schneider felt unnerved by the way the military "roped off the women from the guys; there were MPs [military police] standing there." Soldiers snapped photographs of the women, which, Schneider explained, "sort of jarred my world." But later, when a wounded soldier was brought into her hospital and gave her a photograph he had taken of her at the show, she decided that "my being there did make a difference to a lot of people, to a lot of guys who probably don't even know my name but will always remember that someone cared."[95] The soldier who took Schneider's photograph did so not when she was his nurse but when she was one of a few very visible American women in the war. Schneider, though, like many other women in the war, rationalized the soldier's objectifying behavior and defined the sexuality she represented to him as innocent attachment. Many women specified that their sexuality and gender were merely symbolic of the mothers, wives, sisters, and girlfriends of the soldiers they treated. As Shirley A. Purcell saw it, women "acted there as mother, and sister, and mother confessor. All of the things that the wives and mothers and sisters back home would have wanted their boys and their men to have during the time of being injured."[96]

These nurses' understandings of their gendered roles as nurses and as women suggest that they maintained traditional understandings of the role of femininity in war, even after they had joined the army out of an untraditional belief that they owed martial service. At once offended by the ways in which the military sought to use their sexuality and yet willing to embrace an essentially gendered understanding of their purpose as nurses and women in the war on their own terms, many women expressed ideas reflective of the various ideas about gender permeating American society and culture in the era.

"No, I'm the veteran"

The women's wartime experiences also shaped their later opinions about the relationships between gender, the military, nursing, and women's place in society. As women struggled in later years to understand the meanings of their

wartime roles, they again melded a curious blend of ideas about gender and its function in their lives. Their views reflected the general lack of consensus among nurses and feminists about the relationship between feminism and the nursing profession in the 1960s and 1970s, as well as the unclear relationship between the feminist movement and military women. Some factions of the feminist movement, for example, saw nursing as too traditionally feminine and urged women to pursue other occupations previously closed to them because of social norms. Many in the nursing profession, however, argued that the profession as a whole could benefit from the feminist movements and began to enact progressive change in the profession, while others questioned if progress toward equal job opportunities for men and women would lessen women's control of the profession.[97] At the same time, the feminist movement did not develop a unified position on women in the military, particularly because many feminist organizations also espoused antiwar ideals. Some equal rights feminist organizations argued that women should have equal opportunities in the military. Others disagreed and argued that women in the military merely advanced the status and cause of a patriarchal, masculine system. Women, as mothers, some argued, were naturally more aligned with the politics of peace than with the politics of war.[98] As debate about the Equal Rights Amendment increasingly focused on whether the amendment would require women to be subject to a draft, and as the advent of the all-volunteer force dramatically increased the number of women in the services, the question of women's roles in the military remained a matter of public debate in the 1970s.[99]

For many nurses, their year in Vietnam was the best year of their lives, the most exciting and challenging experiences they ever faced. These experiences later shaped their views of women's roles in society. One nurse wrote that while she was in Vietnam, she thought of the women's movements as comprising women who wanted men's jobs and were "kind of nuts or were masculine lesbians." After she came home and learned more about the movements, she became supportive of equal rights. "I am a feminist," she asserted. "But my role in the military was being a nurse, a woman, and an officer and I was respected for being all three."[100] Sharon Stanley-Alden believed that "being in the Army actually made me probably more of a feminist than I would have been otherwise." She said that she was paid more than civilian nurses because she was paid according to her rank, and she believed that her nursing duties in the army were much more expansive than they would have been in civilian

nursing. All of this experience made her more confident and assertive.[101] Overt discrimination changed Sandra M. Talbert's opinions on women's place in the military. When she became pregnant in Vietnam in 1968, the army discharged her. "This," she noted, "had the effect, however[,] of a catalyst." Knowing that the army encouraged and facilitated the development of men's families, she "began to realize how unfairly women were treated in this case."[102]

Many nurses also pointed out that their experiences in the army and in Vietnam significantly influenced their lives and distinguished them from other women their age. "It took a lot to do what we were doing," Diane Carlson Evans declared. "We could have been home playing golf or playing tennis or getting more degrees. We could have been at home at dances having boyfriends and doing all the other normal things young women our age were doing, and we were in Vietnam you know, living in this hellhole."[103] Jill Mishkel also noted a difference between herself and other women. "Maybe if I didn't go to Vietnam," she considered, "I'd be married and have a house in the suburbs and a two-car garage. That's what I planned on doing before I went to Vietnam. I always assumed I'd be married; I always assumed I'd have lots of kids. And I don't have any. I'm not married; and I never have been."[104] Similarly, after Joan Garvert returned home from Vietnam, she felt distanced from her friends. "My friends were all into their own little world," she said. "They wanted to talk about their babies, their lives now, who they were dating, whether so-and-so would call them, and I just couldn't deal with it because there were people dying on the other side of the world. I thought, don't you all understand what's going on in the world?"[105] Nancy Randolph did not fit in with other women her age, either. "When I came home from Nam," she explained, "it was difficult to play the boy-girl games, you know. It was difficult to come back into my age group and go to the discos and all that. After what I'd been through, it wasn't fun."[106]

A few nurses occupied extreme ends of the political spectrum. After the war, Jill Mishkel became involved in the women's movement "and became a radical feminist." Her experience as an army nurse, however, seemed unwelcome among the group. "The women in my rap groups all knew I'd been in Vietnam, but we never talked about it—we were too busy talking about the terrible things our mothers did to us when we were three."[107] Sharon Grant Wildwind joined a consciousness-raising group after the war, read *Ms.* magazine, and considered herself a feminist. She felt strongly that women should have equal opportunities, including in the military, where she hoped to see women ad-

mitted to service academies and less toleration of sexual harassment.[108] Conversely, Marguerite M. Giroux-Eckman considered herself "very conservative and agreed more with Phyllis Shlafly." Even she noted, though, "[I] always felt liberated enough to disagree with others[,] even those with more rank[,] if I felt I was able to right a wrong. This was not always popular but I made my feelings known."[109]

More nurses seemed hesitant to identify themselves as feminists, even as they expressed feminist ideologies. Many fought against the unequal treatment they faced and resisted the inherent sexism of the military, but most did not consider themselves part of the feminist movement, nor did they organize collectively in their protest. Still, their resistance indicated the extent to which feminist ideals had permeated society and shaped their personal opinions. There were many similarities between feminists and army nurses, even if few among either group recognized them. Many nurses, for example, expressed a belief in equal pay for equal work but remarked that they were not feminists.[110] Peggy Mikelonis did not consider herself a feminist but "just want[ed] equal treatment."[111] "I have always been for women's equality," wrote Barbara Price. "Did not get actively involved in the movement, but supported it." When asked if she considered herself a feminist, she replied that she did not.[112] These women largely supported the ideology of feminism but wanted to avoid calling themselves feminists in an effort not to associate themselves with what they considered radical politics. As Mary Curts said, "I wasn't a bra burner by any means." She agreed with equal opportunities for men and women but nonetheless did not consider herself a "big feminist or anything like that."[113]

Some nurses drew direct ties between the women's movements and women's status in the military. Several nurses, like Leslie A. Cormier, asserted that the military offered them "more equality than that enjoyed by civilian women."[114] Although "the military limited women to certain positions," Sara J. McVicker admitted, "it was also in the fore-front of equal pay for equal work."[115] Bernadette Palya Miller even considered the women's movements "pretty silly because any woman could have equality in the military."[116] Other nurses agreed. "In the Army," Hannah Wynne noted, "we thought we were pretty cool. We thought we pretty much had it . . . we had the same rank as men; we're getting promoted the same as men."[117] "I don't ever remember any of my friends complaining or having any feelings that we were not treated equally," she asserted.[118] Jennifer Lundberg never felt subordinate in the army.

Instead, she said she had "always been more than an equal in the military . . . because nursing in the military is certainly different than out in the general population."[119] She recognized that a glass ceiling existed but noted that it did not affect her directly.[120] Rose Mary Burke felt that the women's movements prodded the military to allow women into formerly male-only domains such as the military academies and male-only roles such as pilots. Describing herself as a strong and independent woman, Burke credited the army with helping her to become so assertive.[121] These women focused on issues of rank and pay, not issues of gender relations, for their understanding of equality in the military.

As veterans, though, many women encountered another kind of discrimination that they chose to fight. Sharon Stanley-Alden and Mary Dickinson both tried to join the Veterans of Foreign Wars (VFW) but were told that the organization did not admit women because it did not consider them veterans.[122] Not until 1978 did the VFW admit women.[123] Neither did the Vietnam Veterans of America (VVA) without prodding. Formed in 1978, the VVA admitted women and established its Women Veterans Project only after former army nurse Lynda Van Devanter met with its founding members and convinced them to do so.[124]

The difficulties women faced in seeking physical and mental health treatment led many to pressure government agencies to respond more effectively to women's issues. Peggy Mikelonis went to a vet center, a community counseling center established in the late 1970s to help Vietnam veterans, but found the center unaccommodating to her. "I remember going in there and they said, 'Well, who's your husband?' . . . And I said, 'No, I'm the veteran.' To this day, that still bothers me."[125] Such experiences were not uncommon for women. When Lynn Calmes Kohl went to a Veterans Administration hospital for an inpatient post-traumatic stress disorder program, she was the first and only woman in her counseling group. Unprepared to accommodate women, the hospital made a room for her in a storeroom. Group therapy was difficult, Kohl explained, because "I didn't have anybody there who had a similar experience."[126] Because of experiences such as these, women veterans pushed the Veterans Administration to recognize and meet the health and counseling needs of women veterans through its Advisory Committee on Women Veterans, established in 1983, and the Center for Women Veterans, established in November 1994. They have continued to advocate for more studies about the effects of chemical herbicides on women, particularly as they relate to repro-

ductive issues.[127] Women have also become directly involved in counseling and health services for women veterans. Since 1994 Peggy Mikelonis has worked in women veterans' issues at a Veterans Administration hospital, a position that, she explains, has allowed her "to advocate more for women veterans."[128] Rose Sandecki became the director of a vet center in 1981 and described herself as a "social activist for women in the military, especially those who were in Vietnam."[129]

In the years after the war, nurses did not express the same political ideologies, nor did they offer a uniform opinion on questions of feminism, the military, and nursing. Most women did believe, however, that their experiences in Vietnam shaped their ideas about such questions. They also believed that they were entitled to the same benefits and care provided to other veterans and fought for those benefits when necessary. Traditional gender roles might have shaped their experiences in the war, and they might have all experienced and thought of those roles in different ways, but in the years after the war, they all agreed that they were veterans just like the men with whom they had served.

For the women who were army nurses in Vietnam, gender proved to be an essential part of their experience in the war. As a very visible minority in both the army and the war, women could not help but experience it through the lens of gender. For many, their sexuality was an unavoidable part of the war. Moreover, gender and sexuality informed their nursing duties, defined their relationships with patients and soldiers, and affected their postwar political views. In some ways, the women's belief that femininity was a vital part of their nursing and overall purpose in the war upheld a clear division between masculinity and femininity. Women were reminders of home and exhibited compassionate, tender care to the fallen soldier. In other ways, femininity provided women with a power and freedom in relationships that they had not enjoyed previously. When they did not feel endangered, many nurses enjoyed being a woman in the war.

These nurses expressed no uniform ideas about the role of femininity in their profession, in the army, or in the war. Yet, their collective thoughts on the importance of gender demonstrated that they desired both to conform to and to move beyond the norms of their era. Their understandings of the roles of women and nurses illustrated the emergence of new beliefs about the importance and place of gender in nursing, in the military, and in war. These

complicated and nuanced understandings of women's wartime roles would prove difficult to contend with as nurses began to grapple with the public memory of their wartime experiences. As they defined how the nation would consider and commemorate their roles in the war, nursing again became feminized in the public mind, with women present only for their most traditional roles.

CHAPTER SEVEN

"Not All Women Wore Love Beads in the Sixties"

Postwar Depictions of Vietnam War Nurses

> The President says how we all have suffered. He says the nation is healing. And he says how grateful the country is to all the men who served in Vietnam.
>
> My anger rises out of me in a shout before I know it's coming. "What about the women?"
>
> —ARMY NURSE WINNIE SMITH, AT THE VIETNAM VETERANS MEMORIAL, 1984

The last U.S. army nurse left Vietnam on March 29, 1973. Ten years later, Lynda Van Devanter's autobiography, *Home Before Morning: The Story of an Army Nurse in Vietnam,* sparked public interest in the experiences of women who had served in the war. Her book, however, also ignited debate about how nurses wanted the American public to understand their roles in the war. From 1988 to 1991, the popular television series *China Beach* brought the nurses even more into the public eye as it followed the stories of several fictional women in the Vietnam War. Like *Home Before Morning,* the series elicited questions among women veterans over how accurately the characters reflected their wartime experiences. These questions were important ones, not only for the veterans personally but also because a grassroots campaign was focusing public and government attention on the meaning of women's service in Vietnam. As this movement worked to build the first memorial to women in war on the Mall in Washington, D.C., army nurses questioned how, and in what form, the nation should commemorate their service. The Vietnam Women's Memorial, dedicated twenty years after army nurses left Vietnam, has become a lasting symbol of the service of all women in the war. These

three representations of women in the Vietnam War elicited strong feelings and public debate. The nurses' debates among themselves, as well as their engagement with public discussion, suggested the degree to which public memory of the war could include women, and on what terms.[1]

After many of the army's understandings about the meaning of nursing and women's wartime roles fundamentally changed, the postwar period saw an emphasis on, and even a reinscription of, many traditional definitions of nursing, femininity, and masculinity. Primarily, these conventional understandings of gender surfaced as Americans came to terms with a war that challenged their most basic understandings of their nation's role in the world and an era that challenged social and cultural traditions of masculine martial service. In the late 1970s, popular culture reconciled the memory of an embarrassing war by casting the veterans as dangerous psychopaths and by ignoring the role of American ideology and policy in creating and then continuing the war. With the dedication of the Vietnam Veterans Memorial in November 1982, however, cultural memory of the war began to focus on themes of heroism, sacrifice, and honor in a way that reaffirmed the virtues of martial masculinity and reinscribed the validity of U.S. imperialism. In this new narrative, the grunt soldier became the symbol of the war, one who represented a lost American innocence, masculinity, technological superiority, and global power. The war might have been a mistake, but the veteran emerged as an enduring hero who deserved honor, even if his government did not.[2]

Including nurses' memories of the war in this traditionally heroic narrative presented problems, for nurses' memories focus primarily on the death and destruction wrought by war, not on its victories or heroics. Nurses' memories, wrote journalist Carol Lynn Mithers, "change forever a tradition in which we hear about those who have gained manhood from war, not those who've been castrated by it."[3] Nurses' accounts of the Vietnam War describe much destruction and loss on all sides, serving—even unintentionally—as cautions about the costs of war. The simple inclusion of women's wartime accounts challenges the conventional narrative of war as the exclusive domain of masculine warriors who defend the women and children at home. As the nurses in Vietnam could attest, the war made no distinctions in whose lives it disrupted or destroyed, even if the army maintained limits on the degrees to which women could participate.[4]

"Women who went to Vietnam," Mithers wrote, "shared with men the horror, contradictions, and aftereffects specific to this particular war and, with

earlier generations of women, an exclusion specific to their sex: there has always been a place for women to serve in war, but there is no place for them in its mythology."[5] There was a place for women in the cultural memory of the Vietnam War, but that place accepted women only in traditional feminine characterizations and excluded depictions of women who violated conventional understandings of the female role in war. Including the nurses who served in Vietnam in the evolving cultural memory of the war required that their accounts be filtered. They could detail the losses of the war, but only by affirming the loss of conventional American heroes—"the guys in the blue pajamas," as army nurse Mary Reynolds Powell affectionately described them—who were victims of an unjust war waged by politicians who knew little of its costs.[6] The women's accounts could affirm their roles, but only by asserting that they healed and served the soldiers. Their stories could mold the contentious Vietnam War and its accompanying social and cultural transformations into a familiar narrative, so long as they emphasized conventional gender roles in which patriotic women supported the nation's soldiers. Any deviation from that narrative provoked debate, among the nurses and the public.

Home Before Morning and Nurses Against Misrepresentation

When Lynda Van Devanter returned home from Vietnam in June 1970, she tried to forget about her experiences from the past year. Quickly learning that her family and friends did not want to hear more than generalized stories of her experiences, she moved from Arlington, Virginia, to California in search of a new start. She tried to find a job in nursing but could not hold a position for longer than a few months. Depressed for months at a time, Van Devanter attempted to numb her pain with alcohol and men. Once, she considered suicide. It was not until the spring of 1979 that she realized her depression stemmed from her experiences in Vietnam. After hiding in a bathroom at the sound of a firestation siren, the same way she had hidden in bunkers at the sound of alert sirens in Pleiku, she turned to therapy with a veterans' counselor and began writing her autobiography as a way to exorcise Vietnam from her mind. Soon thereafter, she met Bobby Mueller, national director of the Vietnam Veterans of America (VVA), who, after realizing the VVA's neglect of women veterans, created its Women's Project and named Van Devanter the di-

rector. From this position, she worked to increase public and government awareness about the readjustment and physical problems of women veterans, particularly post-traumatic stress disorder and the effects of Agent Orange.[7]

When she published *Home Before Morning* in 1983, many credited her with bringing to light the largely unknown experiences of nurses who had served in Vietnam. Many women veterans have said that Van Devanter gave them the courage to speak openly about their own experiences, many for the first time.[8] A *Washington Post* advertisement described the book as "deeply moving . . . awesome . . . an eloquent guide by one 'who knows dearly the cost of war,' a courageous parable for restoring both our national integrity and the lost honor of military service."[9] The *ALA Booklist* saw it as "A cross between *M*A*S*H* and *Winning Hearts and Minds*."[10] But as news spread that actress Sally Field's production company, Fogwood Films (in conjunction with Columbia Pictures), planned to adapt the book into a feature film, a controversy began.[11] While many nurses said that the book was an accurate portrayal of their experiences both in the war and afterward and looked forward to a Hollywood version of their experiences, others disagreed. Critics argued that the book portrayed nurses in a negative light and said that their experiences did not correspond with what was becoming the standard story of the nurses.

The most vocal critic was Patricia L. Walsh, a former nurse anesthetist who had worked in a United States Agency for International Development hospital in Da Nang from March 1967 to May 1968. Walsh had published a fictional account of her experiences, *Forever Sad the Hearts,* in 1982 and would begin negotiations with Paramount Studios in 1987 to adapt her book to film.[12] She did not like *Home Before Morning* from its publication and wrote, she claimed, a negative review of the book for the *New York Times* that the paper did not publish because the review "had done such a good job of objectively convincing them that the book lacked credibility and substance."[13] Ironically, while Walsh vocally criticized the book, she also informed Columbia Pictures that she believed Van Devanter to have plagiarized parts of her book. After reviewing the two, the studio disagreed.[14] Despite her objections, Walsh could live with the book. The film, she could not. She believed that Sally Field, who would star in the leading role, "is such a credible person that once people see her in the film they'll believe the story is true. We must make our statement now."[15] In 1984 Walsh formed the group Nurses Against Misrepresentation (NAM) "to protest the negative portrayal of those who served in Vietnam" generally and the proposed film specifically.[16] She provided members with addresses so that they

could write letters of protest directly to Sally Field and to Jared Jussim, vice president of studio legal affairs at Columbia Pictures.[17] The letters, she hoped, would convince the company not to make the film, a step she believed was necessary "to protect and inform an unsuspecting public which lacks the experience to separate fact from fiction."[18]

The debate that followed did more than attempt to "separate fact from fiction." Outwardly, the public conversation focused on issues common to any discussion of the representation of the war and its veterans: American involvement in Vietnam, the actions of American military personnel, alcohol and drug use, and popular culture's postwar representation of veterans. However, these questions were also, as one journalist wrote, "tinged with the particular sensitivity that surrounds questions involving women in the military."[19] Not one article about *Home Before Morning* and the controversy mentioned that male nurses also served in Vietnam. "Nurse" meant "woman," and the objections raised reflected critics' desire for depictions of women to adhere to traditional feminine images. Catherine Betz, a former chief nurse at the 3rd Field Hospital in Saigon, expressed a harsh view of Van Devanter and revealed just how emotional the debate had become. "Van deVanter's [*sic*] crazy, absolutely," she responded when asked about the book. "She dreamed up this kind of stuff. I was so mad at her I could choke her. If I ever meet her I will choke her."[20]

What prompted such outrage was how Van Devanter had crossed traditional gender boundaries in her depiction of nurses. Her images of gender were not traditional. Her story was not a glowing picture of the army or the Vietnam War, but one in which a patriotic young girl, motivated by John F. Kennedy to serve her country, learned the futility and waste of war with each casualty she treated. She frequently discussed her views of army bureaucracy and hierarchy as impediments to the work of the medical staff. While in Pleiku, she had participated in a Thanksgiving Day fast to protest the war, then after returning home participated in various antiwar demonstrations.[21] Beginning in Vietnam, she used drugs and alcohol and then struggled with them for years afterward. *Home Before Morning* also described her affairs with several men, both during and after the war.[22]

To challenge *Home Before Morning* and its nontraditional portrait of nurses in war, its critics alleged that the book "distorts reality" and presented a "skewed view" of nursing to attract attention and create a "sensational effect aimed at Hollywood."[23] Walsh even contacted the ANC historian in an at-

tempt to find information that would disprove particular details in the book, but the debate about the book's factuality could never be completely settled. Walsh had no way of knowing, and Van Devanter had no way of proving, that each detail in *Home Before Morning* was or was not recounted exactly as it happened.[24] Nonetheless, by criticizing Van Devanter's account as untrue, opponents hoped to create an alternative, potentially less controversial, and fundamentally more traditional narrative of nurses' experiences while establishing themselves as authorities on those experiences.[25] The claim of authority, of knowing the truth about the war, was itself an assertive claim. By maintaining that they knew the difference between the facts and fictions of the war, nurses affirmed their place in it. The place they claimed, though, was a traditionally gendered place for women in war.

Critics took issue with Van Devanter's antiwar protests, both during and after the war, and accused her of using the book to bolster her antiwar, antimilitary views.[26] One person charged that protesting the military was little more than a cop-out and that it was "unfortunate" that the book "throws a disparaging light on all those Army nurses who served proudly in Vietnam . . . Army nurses who have tried to make the Army better instead of just complaining."[27] While her opponents found her antiwar views and activities objectionable in themselves, the stereotypical image of radical female war protestors complicated their perspective on Van Devanter's actions.[28] Antiwar activity, to many critics, was closely tied to a feminism they also found distasteful. "We spent our time working, not whining," Walsh asserted, "and we are disgusted by those who are trying to turn the war into a battleground for women's rights." Former ANC chief Mildred Clark noted that she had been surprised in 1971 by the news that nurses, including Van Devanter—"the one who apparently created this mess"—had staged a protest of the war. "Can this be possible," she asked in an indication of her belief that nurses should not engage in protest against the military, "that nurses, Army nurses, would go on strike?"[29] Amid backlash against the feminist movements, these allegations no doubt resonated with those who felt the feminist movements had gone too far in their challenge of traditional gender norms and social values.[30] Critics essentially accused Van Devanter of pursuing antiwar and feminist goals at the expense of wounded soldiers. NAM's preferred image of women in war was the self-sacrificing woman who dedicated herself to the soldiers she treated, not one who protested wars.

In addition to her antiwar protest, Van Devanter's descriptions of drug and

alcohol use sparked several responses from those concerned about the stereotypical image of the drug-addicted Vietnam veteran. In her book, Van Devanter recounted parties held in a billet nicknamed the Bastille, where alcohol and drug use was common. When the sudden arrival of casualties sometimes interrupted the parties, the physicians and nurses ran to the operating rooms for surgeries. Van Devanter rationalized her alcohol and drug use both during the war and afterward as a coping mechanism, one that allowed her to deal with the horrors she saw and the trauma she could not forget.[31] Even Walsh did not call for a puritanical depiction of nurses and admitted, "we did party when we could, but it was done when the casualty load lessened enough to allow time for relaxation, and those parties never included drugs."[32] However, Walsh did not accept Van Devanter's explanation of alcohol and drug use as a coping mechanism and wrote to Sally Field that a "standard of ethics does not change even in a war, except for those self-indulgent people who did not possess the standard to begin with."[33] Beyond questions of personal morals, though, many believed that Van Devanter's account would lead the American public to believe medical staff "constantly put their patients' lives in jeopardy by unethical and criminally negligent behavior."[34] Walsh was certain such scenes would appear on film and cause the families of those who died in Vietnam to "undergo the additional pain of wondering if their loved ones died at the hands of medical personnel who were under the influence of drugs."[35] In addition, opponents feared that any portrayal of drug use would only further what Walsh described as the "drug-crazed, freaked-out Viet Nam vet" image she believed the media propagated.[36]

Opponents also took issue with Van Devanter's accounts of her sexual relationships with two surgeons in Vietnam, one who was married and one who was single. Aware of common stereotypes about women in the military, Van Devanter wrote, "I was always bothered by the attitudes of some people who believed that women in the military were either whores or lesbians." She believed that the stereotypes began because wars led people to seek emotional attachments. "Inevitably, the time will come when you've finally experienced all the pain, emptiness, and ugliness you can stand," Van Devanter explained. "And in that final, quiet moment, all you want to do is lean against somebody and cry so they can hold you and love you and remind you that, after it's finished, you're still human."[37] Several other nurses later discussed how the war created both freedoms and pressures that pushed them to sexual relationships they would not have otherwise engaged in because of prevailing social

norms.[38] But although Van Devanter explained her relationships as ways she found to survive the war emotionally, and although many other women shared her reasoning, her explanation did little to suppress the same criticism she initially sought to avoid.[39] Edith Knox, chief nurse at the 67th Evacuation Hospital, Van Devanter's second assignment, complained, "This book makes us look like a bunch of bed-hopping, foul-mouthed tramps."[40] Walsh alleged that Van Devanter portrayed "female nurses as a lot of poor little weaklings sleeping their way through the physician staff, depending on their great masculine strength to get us through the big bad war, and having nervous breakdowns when we were denied their protection."[41] Van Devanter's frank discussions of sex—a product of the liberalized freedoms the sexual revolution brought to women—were evidence to her critics of the excess of that revolution.[42] For her critics, there was no middle ground between the virginal and stoic Florence Nightingale and the sexually promiscuous Margaret "Hot Lips" Houlihan of the popular television show *M*A*S*H*.

Debates about nurses' gendered behaviors even elicited comments from government officials. One Veterans Administration official remarked that Van Devanter's portrayal of her relationship with a married surgeon, use of profanity, heavy drinking, drug use, and postwar "breakdown" all cast the ANC "in a disparaging light."[43] The Army Medical Department museum at Fort Sam Houston, Texas, even refused to sell copies of the book, presumably because army officials deemed it an undesirable portrait of army nurses.[44] But as a supporter of Van Devanter countered, these matters were only problematic because of gender. "If the events Miss Van Devanter describes had been written by a male Vietnam veteran, there would have been no suggestion that his relationships, his use of drugs and alcohol or his profanity reflected in any way on the proud traditions of the service."[45] The book also elicited a response from the ANC in the 1980s, though the corps formally attempted to remain covert in its opposition. "When Pat Walsh was forming those 'Nurses Against Misrepresentation Groups,' we had to be very careful, that we didn't take an active part," ANC Chief Connie Slewitzke remembered. "We had to let the retirees take an active part in squashing the screenplay."[46] What the corps did do was conduct a number of interviews with nurses who served in Vietnam, which it hoped would "clarify" the accounts of those "not giving the correct picture" of nursing in the war.[47] In one such interview, Shirley A. Purcell responded that *Home Before Morning* "portrayed the Army nurse as a weak, sexually overridden, drug riddled individual . . . I think that's one of the threats

that people feel; they just don't want to be identified like that."[48] Purcell maintained that "women need to be recognized for what they've done," but noted that if she wrote a book about nurses in the war, it would emphasize women's traditional gender roles. "We a played a role that was secondary to the very nature of our being as women," she explained. "We acted there as mother, and sister, and mother confessor."[49]

By 1987, Columbia Pictures had dropped the film due to "script problems." Today, Van Devanter's book is much less controversial, or at least the controversy is less heated among former Vietnam War nurses. Many have remarked that Van Devanter's story did not reflect their personal experiences but conceded that it might well be an accurate depiction of hers. Perhaps as the 1988–1991 television series *China Beach* and the Vietnam Women's Memorial brought increased public knowledge about their service, the women have felt freer to express the diversity of their experiences. Even these later images of Vietnam War nurses, however, were steeped in ideas about proper gender roles, and the debate about the proper images of nurses came to the forefront of public consciousness again.

"Five Hundred Yards from the Vietnam War"

In April 1988, ABC brought the experiences of women in the Vietnam War to prime-time television in its series *China Beach*. Set at the fictional 510th Evacuation Hospital and the surrounding recreational facilities, the show followed the experiences of the women and men who called China Beach home from 1967 to 1969. Season one began with five principal female characters: stoic army nurse Colleen McMurphy, savvy and tough businesswoman K. C. Koloski, naïve Red Cross Donut Dolly Cherry White, man-crazy entertainer Laurette Barber, and career army officer Major Lila Garreau. The show's creator, Vietnam veteran William Broyles, conceived of the series as a way to tell a simple and conventional story about a war that was neither.[50] "No matter how involved you get with the tangled purposes of the war and its moral confusion and its unhappy end," he explained, what the women did "was purely heroic."[51] He described what he felt the first time he saw an American woman in Vietnam: "Just to see an American woman was a powerful sort of symbol. After the life I'd been living out in the jungle, and all that she represented, you felt at least somebody cares."[52] Women, Broyles believed, would make the war familiar and apolitical.

Some critics argued that the show was antiwar in sentiment, critical of the war's purpose and the military's methods of waging it. It reflected, one *Time* magazine review noted, "the way dissent has become domesticated in America; what were radical antiwar views in the '60s are now mainstream TV attitudes."[53] In many ways, the show questioned military protocol and methods, and the hospital setting provided an unusual focus on the casualties of war instead of its battles. Ultimately, though, the program failed to question the war's larger political issues or even address them. *China Beach,* one review said, was "just about the eternal tragedy of war."[54] Its narrow focus on the central characters precluded divisive debates about the war's meaning for America and allowed the characters to be cast as dedicated heroes who made the most of a situation they did not create. As McMurphy responds to Dr. Richard when he asks her what she will one day tell her children about the war, "we did the best we could."[55]

The focus on women would also, as Broyles envisioned, turn the war into "a women's steam bath in the middle of a men's locker room."[56] A full-page *New York Times* advertisement on the day of the series premiere highlighted the role sex would play in the series. The promotional photograph featured McMurphy with soldier-turned-lifeguard Boonie Lanier, both in swimsuits, standing on the beach with their arms around each other. Only the jungle scene and helicopter in the background indicated that the pair was, as the advertisement claimed, "Five hundred yards from the Vietnam War."[57] Smiling and giving a thumb's up, McMurphy offered no indication of the toll the war had taken on her, a prominent theme of the premiere. The war seemed more a fun beach party than anything, particularly in light of one reviewer's praise of the show as "ambitious, adult and sexually sophisticated."[58] The advertisement seemed mild compared to a May 1988 *Rolling Stone* article. *China Beach,* the article suggested, was not "a heavy-handed allegory of good and evil. It is especially not about combat." What the show was about was sex. The accompanying photograph of nurse McMurphy had been shot from above to show her lying on a gurney with one arm above her head and the other resting suggestively on her exposed stomach.[59]

The two-hour premiere was less about sex than promotional materials suggested, but the opening scene indicated just how central sexuality would be to the series as a whole. As the opening credits end, the camera focuses on a woman's toes digging into sand, then pans slowly up her bare legs to finally reveal an American woman lying on a beach in a red swimsuit. Only her

blood-stained fingers suggest that she is anything but a typical woman at a typical beach. Within seconds, the sound of approaching helicopters interrupts her peaceful moment. The woman—army nurse Colleen McMurphy—walks up the beach, then through crowds of whistling and catcalling men, and into an army hospital, where she begins triaging the wounded as they are unloaded from the helicopters she had heard only moments earlier.[60] The premiere established the premise that this was indeed a different kind of war story, in which the relationships between the women and men at China Beach would be as central to the story as the war itself.

Over the course of four seasons, *China Beach* presented contradictory images of women, who were valued for both their competence and their sexuality. A Catholic from Lawrence, Kansas, and the only daughter in a family of six children, McMurphy is in many ways a typical American woman. But as she tells a friend while on emergency leave after her father's death, all the women in her family were nuns or housewives, and she wanted to become neither. Instead, she ran away—"all the way to Vietnam"—where "Colleen" became "McMurphy."[61] McMurphy is a good nurse, devoted almost obsessively to her work at the hospital and her patients' recovery. She triages arriving patients, assists Dr. Richard in surgery, volunteers to work extra hours, remains calm in great stress and danger, and even delivers two babies during the series. Her hard work is legendary among the other China Beach residents, who, knowing her background in Catholic nursing school, jokingly refer to her as a martyr.[62] McMurphy works hard and performs admirably. She is competent and skilled, as Dr. Richard's reliance on her in surgery demonstrates.[63] At times, her intuition about a patient's status rivals that of Dr. Richard. When he is resigned to pronounce a particular patient dead in one episode, McMurphy insists that they continue to perform CPR. Within a few minutes, she detects a pulse and has clearly saved the man's life.[64]

But if the series casts McMurphy as a progressive woman in her desire to escape feminine convention and go to Vietnam, and if it portrays her as a life-saving, devoted, and proficient nurse, it also asserts that she has not lost all of her feminine charm or ways. The constant flirting between her and Dr. Richard, the storylines about her romantic entanglements—particularly episodes in which two men compete for her affection—and the soldiers' frequent comments about her good looks belie any of McMurphy's assertions that she is just one of the guys. In a scene that seems written specifically with Broyles's goal of creating "a women's steam bath in the middle of a men's

locker room" in mind, McMurphy, K. C., Cherry, Laurette, and Lila sit together in a bunker during a mortar attack.[65] Having come to the bunker suddenly and unexpectedly, they arrive as they were: McMurphy wearing a red negligee under a flak jacket and helmet, Laurette wrapped in a bath towel, Cherry in pajamas and hair curlers, and Lila covered by a frilly pink robe. As Laurette tries to take the women's minds off the exploding mortars by talking about everything from their figures to "men, capital s-e-x, men," McMurphy becomes a typical American girl interested primarily in looking pretty, staying slim, and meeting men.[66] Her resistance to weapons training after Cherry's death during Tet 1968 further suggests that McMurphy's military and wartime experiences have not made her unfeminine. Her weapon of choice, she insists, is "tweezers with a silencer."[67]

Yet for all its focus on sexuality, and despite the series' frequent references to important social and cultural events of the time, *China Beach* sidestepped the gender changes brought on by second-wave feminism and the sexual revolution. "*China Beach* feminizes the war," one critic wrote, "without making it a feminist issue. These women are not fighting to be equals. They are very dependent on the men. They are the stars of this show, but their roles in the war are supporting ones."[68] Likable and sympathetic, McMurphy is a confident woman who easily moves within the traditionally masculine worlds of the military and war but does not push the boundaries or question the gendered nature of either. "Boys will be boys," she dismissively explains to Cherry as a helicopter pilot flies over the women's showers.[69] In her own relationships, McMurphy desires tradition and stability. Finding herself torn between two men, she confesses to K. C. that having a relationship with two men is "just not me." "We're in the midst of a sexual revolution," K. C. counters and suggests that the underlying cause of McMurphy's guilt is an enduring sexual double standard. "A guy sleeps with two women at once and his buddies throw him a ticker-tape parade," K. C. explains. "A woman fools around once and suddenly she's loose." But while K. C. characteristically advises her to "love the one you're with," McMurphy decides that what she really wants is one man who will marry her and settle down.[70] She understands the double standard, but her response to free love is to choose tradition.

Beyond her personal romantic relationships, the series also suggests that embodying traditional femininity is McMurphy's basic purpose in the war. When a reporter interviews Lila for her feature story on what women are doing in Vietnam, Lila explains that they have a great responsibility to "preserve the

fighting strength." Lila's adaptation of the Army Medical Department motto generalized the specific duty of nurses to all women in the war, equating even members of the Women's Army Corps, such as herself, to nurses.[71] More specifically, though, McMurphy believes that an essential part of her nursing involves traditionally feminine behaviors. The series premiere establishes this characterization in a conversation between McMurphy and Dr. Richard. As she relaxes with a drink after a long day of work, Dr. Richard—who alternates between flirting with her and relying on her medical opinion—reminds her that she volunteered for the tough assignment, whereas he was drafted. McMurphy then points out an even more fundamental difference between what the two of them do in the war. He cuts off the patients' hands, she tells him, but she has to hold them.[72] In another episode, she lies down beside Dodger, a hardened soldier who has been seriously wounded, and cradles him in her arms, both of them nervous about his impending transfer to a hospital in Japan.[73] Even as the other medical personnel value her expertise, McMurphy frequently demonstrates the centrality of feminine gender roles to nursing.

Outside the hospital, McMurphy's overriding purpose is to represent traditional American gender roles to men at war. Her decision to stay in Vietnam as her tour ends revolves around the men's appreciation of her and the ways in which they affirm her femininity. As she plans to leave Vietnam in the premiere, the men of China Beach throw her a surprise going-away party. They recognize her work as a nurse—"one hell of a nurse," one man proclaims—but also affirm that she is "one hell of a girl" before crowning her queen of China Beach and kissing her goodbye, all while Aretha Franklin's "You Make Me Feel Like a Natural Woman" fittingly plays in the background. Later, when McMurphy sings on stage with Laurette, the men recognize her despite her uncharacteristic short dress and wig. As they cheer for her, she begins to cry and ultimately decides to extend her tour.[74] A similar scene at Letterman Army Hospital later in the series convinces her to return to Vietnam after her father's death and her visit home. While she is visiting a friend in San Francisco, the patients on her friend's ward clap in appreciation, and a former patient repeatedly shouts, "She was my nurse. She saved my life." McMurphy then grabs her duffle bag and heads back to the war.[75] The men give McMurphy her purpose in the war, along with their approval and recognition.

The series' depiction of the war and military as having created a family among the personnel further adds to the domestication of *China Beach*.[76] As McMurphy tells Laurette in the premiere, women provide a vital and mean-

ingful service simply by being with the soldiers and representing domestic relationships. "You were there," McMurphy insists as she explains to Laurette the significance she had the night before when she stood beside a dying soldier. "He had a mother and a sister, a girlfriend, and you were there. You gave him a home before he died so far away from it." When McMurphy explains her decision to stay in Vietnam to Laurette, she says, "I have an even bigger family here. I am home."[77] The episodes about her return to Kansas demonstrate even more precisely the ways in which the surrogate wartime family functioned as normative. With her alcoholic, senile father and oppressive mother, McMurphy's family appears dysfunctional compared with the relationships she has in Vietnam.[78] Even the last season's episodes about her struggles with alcoholism and problems finding secure relationships and stable work in her life after Vietnam make her life in the war seem right by comparison.[79]

While they generally appreciated that the show brought awareness to their experiences—"It validates our service," Diane Carlson Evans remarked—female veterans often criticized what they believed to be an overemphasis on sex.[80] They took issue with scenes that emphasized sexuality instead of professional dedication as the women's motivations. The show "focused on the fun times and exploited the sexuality of women," complained Mary Anne Dunlop, "instead of focusing on the professionalism and the real work that went on."[81] Marie Folk-Lighty, who served at the 95th Evacuation Hospital in Da Nang (the actual hospital located at China Beach), concurred. "Romance was not the essence of Vietnam. It was an escape and how people dealt with the stress."[82] While perhaps not surprising, given the controversy about sexuality in *Home Before Morning,* criticisms about *China Beach* were far less caustic.

Still, as a response to these complaints, Broyles and the show's producer John Sacret Young attempted to validate the series as an exemplary depiction of the lived experiences of women in the war.[83] The series had used female veterans as technical advisers since its inception and hosted a Vets Day in October 1988 to allow the actors to gain a more personal understanding of the experiences they depicted.[84] Early the next year the producers began to plan for an episode entitled "Vets," which they hoped would lend an even greater aura of authenticity to the series as a whole. The episode interwove segments from the series with on-camera interviews of women who had served in Vietnam. At times, the memories of the women corresponded very closely to scenes from the series, with the actors frequently appearing to reenact the past in-

stead of a fictional script. As one journalist observed, "it's amazing the way these actual war memories and scenes from the series track and fit together like pieces of a puzzle."[85] The women seemed to be aiming for that level of authenticity as well, because as Diane Carlson Evans noted, "There was only one program out there, and it was *China Beach,* that was doing anything about highlighting women's service in Vietnam."[86] She agreed to participate in the episode, she explained, because "we all need to do what we can to accurately portray what it was like."[87] At the time, Evans was leading a national effort to build a memorial to the women who had served in the Vietnam War, and so *China Beach*'s depiction of women seemed especially important.[88] The women's cooperation with the series producers and appearances in the "Vets" episode affirmed the legitimacy of the series' themes, both progressive and traditional.

The Vietnam War of *China Beach* was familiar and domestic, even to viewers who had no personal experience with the war or who did not live in the era. The women of the show softened the war, making it about emotions and personal relationships instead of politics or military maneuvers. By casting women's roles in the war as competent and heroic, as well as traditionally feminine and sexual, the series stopped short of an entirely progressive image of women that would have affirmed the changes brought on by feminism and the sexual revolution. As Laura R. Vande Berg argues, the "feminization of the Vietnam War simultaneously absorbs and contains feminism while reaffirming patriarchal masculinity and militarism."[89] But *China Beach* would not be the last word on the cultural memory of nurses, nor on their relationship to these questions of gender. As the series came to its end in 1991, a movement to build a memorial to women who served in Vietnam was nearing its fruition.

"Who decides who America will remember?"

On July 29, 1993, Vietnam veteran and chairman of the Joint Chiefs of Staff Colin Powell spoke at the groundbreaking of a memorial "nine years in the making and over 20 years in the needing." "When this monument is finished," he announced, "it will be for all time a testament to a group of American women who made an extraordinary sacrifice at an extraordinary time in our nation's history: The women who went to war in Vietnam."[90] Women had performed many tasks and filled many roles, he noted, but "above all I knew you as nurses when you cared . . . for me." Powell praised the women and compared their

service in the war to his own. While his terror came in "intermittent flashes," he said, "The nurses saw the bleakest, most terrifying face of war: The mangled man, the endless sobs of wounded kids . . . not just now and then, but day after day, night after hellish night." The memorial would "ensure that all of America will never forget that all of you were there," Powell said in closing. It would also ensure that the women would be remembered for their gendered role in the war. "[E]ven in the depths of horror and cruelty there will always beat the heart of human love . . . and therefore our hope for humanity."[91]

The movement to erect the Vietnam Women's Memorial began in 1984, when a group of nine people led by two former army nurses formed a nonprofit organization, the Vietnam Nurses Memorial Project. The group had three goals: to educate the American public about the work of American military nurses in Vietnam; to locate the nurses who had served; and to build a memorial to them at the Vietnam Veterans Memorial on the Mall in Washington, D.C. The following year, the group formally changed its name to the Vietnam Women's Memorial Project (VWMP) to include women who served in Vietnam but were not nurses. The name change excluded male nurses from the project's purpose, even as much of the public discussion of the project continued to refer to the proposed memorial as the nurses' memorial.[92] No one in the group expected that they would not realize their goal until 1993, and then, only after twice acquiring the approval of the U.S. Congress and meeting the guidelines of three federal commissions.

The project's founder, Diane Carlson Evans, had served in Vietnam in 1968 and 1969 at the 36th Evacuation Hospital in Vung Tau and the 71st Evacuation Hospital in Pleiku. When she heard the Vietnam Veterans Memorial would be dedicated on November 12, 1982, she knew she had to attend. She wanted to find the name of Sharon Lane, an army nurse killed while she was in Vietnam, and the name of Eddie, a patient she had treated.[93] Standing in front of the Wall that day, she felt, "The Wall, in its minimalistic concept and simplicity, was complete."[94] However, when she learned that Frederick Hart's statue of three soldiers would be added to the Wall in 1984 as a compromise to those who wanted a traditional war memorial, she began to see the memorial as incomplete.[95] The Wall, Evans believed, equally represented all Americans who served in the war. It bore the names of eight women, all nurses, who died in the war. And it was inscribed with the dedication "in honor of the men and women of the Armed Forces of the United States who served in the Viet-

nam War." But when Evans saw Hart's statue, she thought, "they forgot the women."[96]

Intent on adding a visual representation of an American woman to the memorial, Evans asked Minnesota sculptor Rodger Brodin to design a statue. She provided her old army fatigues and combat boots, and Brodin created a statuette of a female nurse cradling her helmet in front of her. The VWMP presented *The Nurse,* as Brodin's statuette came to be called, to the public at a press conference on July 8, 1984, and thus began their long road to Washington.[97] For the next two years, members of the group traveled the country, displayed Brodin's statuette, and lobbied for the support of nursing and veterans' organizations.

Speaking before a convention of the Veterans of Foreign Wars (VFW), Evans encountered an opposition she would face for the next nine years. "If we add that statue," she recalled VFW members protesting, "then there'll be a hundred more because the helicopter pilots will want one and the tanks will want one . . . and when's it going to end?"[98] Initially, Evans felt that the members "all had this sense of this feminist coming in to bash men," so she explained that the women "didn't want anything different or bigger," just a memorial to complement the statue of the soldiers.[99] She told them about the various ways women had served in the military and in civilian organizations and then asked for the organization's support. When the VFW voted, however, it voted not to support the project. The next day, Evans again pleaded for the organization's backing and learned a valuable lesson in what types of appeals would be successful in gaining public support. This time, she gave no overview of the important ways in which military and civilian women had served. She used none of her prepared notes or usual arguments. She simply told them a personal story. "When I went to Vietnam," she said, "some man's son died in my arms. And I want that father and of course his mother to know that I was there for him." Having made her simple case, Evans walked out of the convention hall. Once outside, she realized she had been followed by an older gentleman. The man "put both of his hands on my shoulders and looked me right in the face," Evans remembered. Then he said, "I hope it was you that held my son. His name is on the Wall. He died in Vietnam and I support your memorial." Evans's gendered characterization of the statue as a monument to women who held the nation's dying sons won over the VFW. The organization took another vote and passed a resolution in favor of the women's statue.[100]

Other organizations followed, including the Vietnam Veterans Memorial Fund (VVMF), the VVA, the American Legion, the American Nurses Association, and a handful of other groups.[101] Armed with this broad support, the VWMP felt confident its statue would be added to the Vietnam Veterans Memorial.

Throughout its efforts, the VWMP justified the statue by arguing that the Vietnam Veterans Memorial, through the addition of the Hart statue's representational depiction of three men, excluded the women who served in the war. Thus, from the inception of the project, organizers and supporters spoke of the memorial as a memorial to women. As Evans told the Commission of Fine Arts (CFA) in 1990, "there are only two genders; there are men and there are women—then we have honored both."[102] The initial movement to build a memorial specifically to nurses called for a statue of a woman, even though up to one-third of the nurses who served in Vietnam were men. Although the organization later revised its purpose of building a memorial to women who served in all areas of the military, *The Nurse* remained the intended memorial until 1990. Because the majority of women who served in the war were nurses, the organization believed *The Nurse* to represent women, just as Hart's three soldiers represented all men.

To erect its statue, the VWMP had to meet the requirements of the Commemorative Works Act, which required that any new memorial erected in the nation's capital be approved by Congress, the Department of the Interior, the CFA, and the National Capital Planning Commission (NCPC).[103] After Secretary of the Interior Donald Paul Hodel endorsed the VWMP's proposal in September 1987, the VWMP sought the approval of the CFA.[104] The VWMP began its proposal to the CFA on October 22, 1987, with a statement from Senator Dave Durenberger (R-MN). "For too long," he said, "our country has overlooked our brave women, women who dedicated themselves to our country and fellow citizens."[105] Noting the lack of memorials to women in the capital, Evans told the commission, "The collective historical memory and the societal need for understanding about women's humanitarian service in Vietnam can be bestowed upon this nation by placement of a statue of a woman at the Vietnam Veterans Memorial."[106] Adding *The Nurse,* Brodin explained, "will not compete with the statue of the three men, nor will she compete with the wall and its honored names; rather, she will complete the memorial."[107]

In their efforts to "complete" the Vietnam Veterans Memorial, the VWMP relied on the same images of femininity that had proved effective for Evans at the VFW convention to characterize the service of women in the war. VWMP

chair, former army nurse Donna-Marie Boulay, explained to the commission that among all women who served in Vietnam, "the concept of nurturing appears quite often." That, she reasoned, was why Brodin's nurse cradled her helmet: "It is a position of nurturing." The statue, Boulay described, represented women's "roles as listener, nurturer, healer, patron, which will tell future generations that women served."[108] Other supporters echoed her characterization of women's work in the war as traditionally feminine. Evans told the commission about writing to the mother of a soldier who died in her care. The mother, Evans recounted, responded that she could be at peace because she knew that a woman was with her son when he died.[109] VVA president Carl Stout expressed the desires of the predominantly male VVA to see the "very feminine symbol" dedicated.[110] Jack Wheeler of the VVMF similarly argued that the women deserved representation at the memorial because "they brought to Vietnam, half a globe away from home, a touch of American traditions, grounding and values."[111]

Others disagreed with the memorial's proponents. Most notably, Maya Lin wrote the commission to express her disapproval of the addition of another statue at the Wall. "I am as opposed to this new addition as I was to the last," she noted in reference to the addition of Hart's statue. "I could think of numerous other groups that might also like to be represented pictorially," Lin explained, "and I wonder once you start making individual concessions to these groups who is to say which groups should be allowed to become a part of the Memorial and which should not."[112] Lin's question about "group" representation came to dominate the opposition to the memorial. Robert Doubek, former director of the VVMF, explained his objection in more explicit terms. "If you open this Pandora's box," he warned, "we can certainly expect many more similarly well meaning but shortsighted suggestions to 'complete' the memorial or 'make it better.' " Doubek even offered an opinion on how the women's memorial would affect all future commemorations. "Your approval," he warned the CFA, "would also mean that virtually any future work . . . of public representational art, would be required to include a depiction of both sexes."[113]

In his response to the proposal, CFA chair J. Carter Brown expressed his belief that instead of completing the Vietnam Memorial, the addition of a statue of a woman would highlight its incompleteness by raising questions about what other groups were not represented.[114] Hart's statue, Brown argued, was "symbolic of human kind and everyone who served." If the commission ap-

proved the women's memorial, he reasoned, it would also have to approve memorials "from many of the Americans who have already spoken up," including, he noted, a proposal from the Scout Dogs Associations.[115] After describing the proposed statue as "an afterthought, sort of a put-down, almost a ghettoization" of the women it sought to commemorate, he noted that the commission had spent more time in discussing the proposal than it had any proposal since the Vietnam Veterans Memorial and called a vote. The CFA rejected the proposal.[116]

The decision outraged VWMP members who believed that the CFA had decided its position even before the hearing.[117] Indeed, an article had appeared in the *Washington Post* on the day of the hearing that argued Hart's three soldiers "are intended to stand for all who served" and claimed that the proposed nurse statue "represents a special group."[118] Brown suggested that the VWMP commemorate their service outside the Vietnam Memorial by merging its efforts with the planned Women in Military Service to America memorial. Retired air force Brigadier General Wilma Vaught, who was spearheading the movement to erect that memorial and would become president of its foundation, responded, "Surely there is room for two things for women in this city . . . Goodness knows there are enough statues of men on horseback to go around."[119] Undeterred, the VWMP mailed letters to its supporters to inform them of the decision, but asserted, "we are not defeated." The CFA, the project charged, "disregarded the concerns of thousands of American citizens and every major veterans organization."[120]

Brown's comment evoked the most outrage from the memorial's supporters, who wrote to express their anger about what they understood to be his comparison between the legitimacy of a women's memorial and a canine memorial. "Am I to believe that you hold these women in no higher regard than that of a dog?" Cathleen M. Cassidy asked Brown. "That statement," Cassidy reasoned, "could lead a person to think that the request was not reviewed on the basis of their merit, but on the basis of their sex, and that Sir, is called sexual discrimination." Brown responded that his "reference to the guard dogs was not facetious but a serious statement of fact." He explained in his response to Cassidy and many others that the National Park Service had received a proposal for a memorial of a scout dog, but that "No one made, or wanted anyone to make, any comparisons with the importance of the contribution of women."[121]

Determined not to let the CFA have the final word on their proposal, the

VWMP sought congressional assistance. On February 4, 1988, Senator Durenberger introduced S. 2042, a bill to authorize the VWMP to construct "a statue of a woman Vietnam veteran" at the Vietnam Veterans Memorial.[122] Later that month, the Subcommittee on Public Lands, National Parks, and Forests held hearings on the bill that again prompted discussion of the particular nature of women's service in the war. Durenberger told the committee that before he had entered the hearing, he had received a petition in support of the statue signed by his constituents. "But I guess the telling side of the poster is on the reverse," he continued, "on which it says not all women wore love beads in the sixties."[123] The VWMP developed the poster for use during its public campaign and sent more than twenty-five thousand to veterans' conventions and Congress.[124] Above the statement "Not All Women Wore Love Beads in the Sixties," the poster featured a nurse's military identification tags surrounding a collage of photographs of women in Vietnam. Through its inclusion of a universal symbol of military service, identification tags, the poster emphasized women's participation in war and the common element of military service among veterans, even as it illustrated the particular ways in which women had served.[125]

The poster provided an alternative image of women's wartime service that countered popular images of women war protestors from the Vietnam War era, and it was this traditionally patriotic and dutiful image of women that appealed to veterans and Congress. Evangeline Jamison, an army nurse who had served in World War II, the Korean War, and the Vietnam War, and whose identification tags were featured in the poster, explained the necessity of a memorial to women. "We need [the memorial]," she argued, "for the women who were there and still cannot forget that year of their lives." But more than just for the women, Jamison explained, "We need it for the men, the Vietnam Veterans who tell us constantly how much it meant to arrive at a hospital and see an American woman there to care for them."[126] Evans offered similar reasons for the memorial. "Our statue is for America," she argued, "not for a special interest group, subgroup, or gender or profession, but for America, symbolizing the women who gave our country national security by giving it life, hope, compassion, and courage."[127] She later explained, in terms reminiscent of her speech at the VFW, that the memorial would show the country, "especially all the parents that lost kids over there, that we were there for their son."[128] Durenberger placed in the Senate record a *Washington Post* article that argued "whether professional feminists like it or not," the statue of a nurse symbol-

ized all women who served in the war. Nurses, the article argued, "best represented the motherhood that young soldiers have called upon in the hour of death since time immemorial."[129] By using images of women as men's maternal healers and comforters, the VWMP relied on historical images of women in war. These images resonated with subcommittee chair Senator Dale Bumpers (D-AR), who responded that an earlier witness's testimony—"These nurses were often the last person a dying man had an opportunity to talk to"—was "indeed a very good point."[130]

Opponents questioned the importance of gender in national memorials and what the statue would mean as a symbol of women's equality. Doubek, again arguing against the proposal, asserted that the "addition of a statue solely on the basis of gender raises troubling questions about proportion." In his mind, the fact that eight women died in the war, compared with 2,500 navy men and 2,400 air force men who died but were not represented with their own specific memorials, meant that women needed no separate memorial.[131] Other opponents asserted that the memorial mocked ideas of women's equality. Maya Lin, for example, testified that the VWMP's attempts to "equalize or neutralize the power of [Hart's statue] seems a misdirected attempt at equality for women."[132] "Adding a statue of a female nurse will represent a Disneyfication of the landscape," geography professor Shelley S. Mastran suggested. "To add a statue of a female nurse," she continued, "is clearly an afterthought, would be perceived as such, and is therefore actually demeaning to the role of women."[133]

The subcommittee, however, agreed with the memorial's proponents and recommended the Senate pass S. 2042. On June 14, 1988, the Senate voted 96 to 1 to grant the VWMP authority to erect a statue at the Vietnam Veterans Memorial.[134] The House and Senate then passed amended versions of the bill, part of a debate about whether the law should designate that the memorial be built specifically at the Vietnam Veterans Memorial. As the end of the congressional session quickly approached, the VWMP decided to accept a compromise that would grant them authority to build a memorial but without a specification that it be built at the Vietnam Veterans Memorial.[135] The resultant Public Law 100-660 thus authorized "the Vietnam Women's Memorial Project, Inc., to establish a memorial on Federal land in the District of Columbia or its environs to honor women of the Armed Forces of the United States who served in the Republic of Vietnam during the Vietnam era."[136] A year later, after another round of hearings, President George H. W. Bush signed

Public Law 101-187, granting permission for the memorial to be constructed specifically at the Vietnam Veterans Memorial.[137]

Once the VWMP had attained permission to build a memorial at the Vietnam Veterans Memorial, it needed a design, one that would have to be approved by the secretary of the Interior, the CFA, and the NCPC. Because Brodin's statue had been rejected by the CFA, the group decided to hold a national design contest to determine the memorial it would erect. In its regulations for entries, the VWMP noted that proposals could assume any artistic form, including sculpture, landscape, or architecture.[138] After reviewing 317 entries, the VWMP announced the two cofinalists of its competition on November 11, 1990. The jury, composed of five artists and four veterans, split early in the deliberations on their preferred design, with the veterans preferring a figurative statue and the artists an abstract memorial. As a compromise, the VWMP asked the two cofinalists to integrate their submissions to form the final design, but the two artists' ideas did not work well together. Because the VWMP reserved final authority over the design, it decided to review the designs named honorable mentions instead of choosing the finalists' collaborative design. The VWMP then asked sculptor Glenna Goodacre to create a model of her original sketches, which it unanimously approved in June 1991.[139]

The sculpture Goodacre submitted included three women: one sitting on sandbags and holding an injured male soldier across her lap, another who is standing and looking into the sky, and another holding a Vietnamese child. Citing the original stipulations for the Vietnam Veterans Memorial that designs not make political statements and fearing that the inclusion of a Vietnamese child might evoke references to the "baby killer" accusations of the war, the VWMP asked Goodacre to remove the Vietnamese child. Evans later remarked about the removal of the child that the memorial "is not about the Vietnamese . . . It's about the men and women who served."[140] Goodacre then changed the third woman to assume a kneeling position. The CFA, after expressing the members' original desire that a women's memorial not be added to the Vietnam Veterans Memorial and their wish that the women's memorial had been an abstract memorial instead of a statue, approved Goodacre's statue on September 19, 1991.[141] The VWMP dedicated the statue on November 11, 1993.

An *L.A. Times* art critic noted that because of the statue's resemblance to Michelangelo's *Pietá,* it "casts a false light of sanctity over an inescapably conflicted event."[142] Certainly, the center figure of the statue is the wounded

soldier—the Christ figure—lying across the lap of a woman most likely to be a nurse—the Madonna figure. The soldier is the reason for the three women's presence. The woman holding him is there to support and comfort him. He is the reason the standing woman looks skyward, perhaps awaiting a helicopter to take him to safety. He is the reason for the kneeling woman's anguish. He symbolizes the Vietnam veteran, a heroic soldier whose valor transcends the political context of the war. The women perform the respectable, historically feminine role of healing regardless of the political context of the war. The women in the statue, through their attention to the soldier, all appear as nurses, whether they are intended to be nurses or not. They are all subordinate to the soldier, all present in the war for the purpose of attending to his wounds. The memorial's focus is on the suffering and death of soldiers, with women present to support, comfort, and heal. In this way, the most lasting image of women in the Vietnam War is of women as feminine nurturers.

Diane Evans had asked the Senate in 1988, "Who decides who America will remember?"[143] The dedication of the Vietnam Women's Memorial five years later demonstrated that a grassroots organization could decide. The memorial was undoubtedly a significant victory for the VWMP and a testament to the dedication of its supporters, mostly female Vietnam War veterans. By placing physical testimony on the Mall of women's experiences in the Vietnam War, women entered the dominant, official memory of the war. As the first memorial dedicated to women in war to be located at the nation's capital, the Vietnam Women's Memorial is evidence that the national memory of the Vietnam War has come to include women. Yet, as Marita Sturken argues, "the radical message of commemorating women in war is undercut by the conventionality of the statue itself."[144] The VWMP, to build a memorial to women who served in Vietnam, relied on traditional understandings of war in which men fight and women heal. The VWMP succeeded in integrating women into the cultural memory of the Vietnam War but did so through rhetoric and images of women in traditional roles. Perhaps more important, these images now stand in a place of honor and symbolism as a model for what women's national service should encompass.

The book *Home Before Morning,* the group Nurses Against Misrepresentation, the television series *China Beach,* and the Vietnam Women's Memorial all created different accounts and images of nurses' service in the Vietnam War. But for all their differences, these three representations illustrate common themes.

As the controversy over Van Devanter's *Home Before Morning* revealed, any deviation from traditional femininity in nurses' accounts could provoke outrage and even organized protest. *China Beach* offered more complicated pictures of women at war, but the basic premise prevailed that nursing was a feminine calling for women whose primary function in war was to support the male soldiers in any way they could. The VWMP embraced these traditional gender images in an attempt to register support with (predominantly male) veterans' organizations, federal commissions, and the U.S. Congress.

Nurses' public debates about their service, a popular television series about their experiences, and a grassroots campaign to establish the first memorial to women on the national Mall meant that the 1980s and early 1990s became years of increased public awareness about the experiences of nurses as well as of women who served in other military and civilian roles in the war. But the period was also one of conservatism in national politics, a backlash against the changes brought on by the feminist movements, and a time in which foreign policy and cultural products combined to reinscribe a new kind of martial masculinity. In this context, representations of nurses that violated traditional meanings of women's wartime roles proved divisive and problematic. The complicated and nuanced ways in which gender influenced nurses' experiences in the war would not become part of their public memory. None of the public discussion about nurses' depictions considered the men who also served as nurses, and so in very simple terms the public debates about the meaning of nurses' service in the war prevented serious reconsideration of the gendered nature of army nursing. Beyond the exclusion of men from the postwar meaning of "nurse," representations of nurses cast them as the feminine counterpoint to masculine soldiers. Adding women's memories to the national memory of the Vietnam War redefined their experiences in a way that limited the potential of those experiences to effect lasting gender change.

In the postwar memory of nurses, as Diane Carlson Evans discovered, it did not matter that they had served, or in what capacities, or in what numbers. It did not matter, as Lynda Van Devanter learned, that her account of the war was hers and hers alone. And it did not matter that *China Beach* was fiction. What mattered in the postwar depictions of nurses' service was how they had served. What mattered to the nurses and the public consciousness was that accounts of nurses' service not stray too far from historical images of respectable women who went to war. The nurses might have envisioned nuanced depictions of their service, but what proved effective, understandable, and laudable

in the public arena were traditional images of women. It was these images of nurses—as feminine nurturers who represented domesticity and heterosexual relationships to troops—that came to dominate the postwar representations of Vietnam War army nurses and that revealed the extent to which traditional understandings of women's wartime roles could, or could not, be altered.

Officers, Nurses, and Women

The simple, limited images of nurses that emerged in the years after the war revealed none of the complexity of their experiences or the negotiation that occurred between the nurses and the Army Nurse Corps (ANC) over the nature and meanings of their service. A more accurate depiction of their service would have acknowledged multifaceted understandings of what it meant to be women and men at a tumultuous time when many Americans reconsidered their definitions of gender. Such a nuanced consideration of nursing in Vietnam would have grappled with what the experiences of women in the military suggested about how feminist ideology permeated society and effected change. And this more complete description of their service would have contemplated the larger implications it raised about national service and the status of women in society.

The army and its nurses responded in much more calculated ways to the social and political turmoil of the Vietnam era than the lasting images of wartime nursing suggest. Simple pleas for American women to go to war did not elicit enough volunteers to meet the medical needs of the army in Vietnam. The ANC believed it had to offer a new message of equal opportunity to po-

tential female recruits, so it promised equal pay, equal rank, career advancement, and advanced nursing practice—progressive job benefits unheard of in the traditional medical hierarchy. At the same time, however, the army stopped short of radically altering its historical presentation of nursing as women's natural and patriotic wartime role. The corps pleaded for young women to come to the aid of the wounded soldiers it featured in advertisements. It implied that they would enjoy the attention of army men around the world and that finding a husband would be a simple matter. This curious blending of tradition and change in recruitment materials indicated the complexity of the army's response to changing social and gender norms. Its response was no less curious in the ways it used nurses.

The army made significant strides toward removing historical barriers against women's advancement in the military during the Vietnam War. It lifted restrictions on the ranks women could attain, removed restrictions against married women and mothers serving on active duty, and pushed for nurses to achieve an educational background equal to that of all other army officers, all while the war itself demanded a higher level of nursing practice than nurses experienced in stateside hospitals. And still the army retained its old idea that women symbolized femininity in a world of masculinity. After all, William Westmoreland, an iconic image of the Vietnam War, had kissed the ANC chief when he promoted her to become the military's first female general. Army and ANC officials continually sought ways to make women appear more feminine, while some women faced the more direct order to attend parties of high-ranking officials as tokens of femininity. The corps also used male nurses in more conventionally "masculine" ways that ensured their masculinity would not be in question as they violated the historically gendered nature of nursing. Under the pressure of war, the army and the ANC offered neither an unambiguous vision of progress nor a rigid adherence to the past in its understandings of the gendered roles of nurses.

Nurses were not merely the objects of the army's attempts to define their gender during the Vietnam War. The women and men who joined the ANC and served in hospitals throughout the war developed their own understandings of what it meant to be women and men, nurses and officers in the army. Women wanted something more out of their lives than the usual roles of wife, mother, and homemaker. They wanted a career and to experience life beyond their hometowns. Many believed that they, like men their age, had an obligation to serve their country, or at the very least, to offer their nursing skills to

men who had no choice but to serve. Outwardly, they might have seemed to continue a long history of women going to war and serving in the military. However, they also broadened their understandings of what nursing entailed. In their minds, nurses were not merely handmaidens to physicians, nor were they mindlessly traveling along a well-trod path of women who nursed. These nurses chose the profession for a number of reasons and used their careers to pursue both traditional and nontraditional goals. They were educated women, many with graduate degrees, who learned to function as skilled nurses and to perform tasks beyond their training when necessary. They drew no distinctions between their citizenship obligations and those of their male peers, even as they fulfilled those obligations through traditional women's roles. Likewise, male nurses broke new ground when they entered the ANC and forced the army to reconsider its gendered definitions of army nurses. These men saw nothing unusual in their decision to become nurses, though they often felt compelled to cast their work in the army as masculine.

In Vietnam, nurses experienced a level of nursing practice that afforded them more responsibility and freedom than they would find in other nursing positions. The nurses who served in Vietnam expanded the role of nurses in the army, proved themselves invaluable, and refused to settle for less fulfilling work in the years after the war. Even in this context of advanced nursing practice, many women saw feminine caring and heterosexual appeal as an important part of their work. They understood themselves, in moments of healing and in times of death, to epitomize home to men. Many welcomed the chance to symbolize American womanhood to soldiers in the war. But while these conventional roles for women were only one part of their wartime experiences, convention dominated postwar depictions of their service. Regardless of the ways in which the nurses had deviated from these stereotypes during the war, portrayals of nurses that diverged from traditional images prompted great controversy. Importantly, postwar representations of nurses excluded male nurses, who clearly did not fit the traditionally feminine image of wartime nursing. The conventional depictions that prevailed affirmed a socially conservative vision of femininity and masculinity, while also attributing a traditional war story to a war that was anything but traditional.

Affirming a traditionally and rigidly gendered story of the Vietnam War disregards the nuanced realities of American life in the 1960s and 1970s. As these nurses indicate, young women and men faced many, and often conflicting, prescriptive gender ideals. Moreover, what society deemed permissible and ac-

ceptable behaviors for women and men did not move along a straightforward continuum from traditional to progressive, even as substantial changes took root. At the same time, individuals did not simply assume the roles society suggested for them; nor did all Americans understand gender roles in the same ways. Nurses, as indeed did all Americans, considered the messages presented to them and then decided for themselves what constituted appropriately gendered choices. Femininity and masculinity were not fixed entities in either the military or society at large, despite claims to the contrary. What it meant to be feminine and masculine varied and changed, contingent upon each person's experiences and expectations.

These various understandings of gender at the individual level coalesced in the ANC as it recruited and used nurses in Vietnam. The army's response not only to the changes in understandings about gender, but also to the varieties of changes themselves, illustrates well how such an essentially conservative institution manages social change, as well as how it shapes these transformations. Particularly in times when the demand for personnel is high, such as during wartime, institutions must adapt to the demands of society. Militaries have always adapted to social and cultural demands, and each war introduces its own particularities. The Spanish-American War forced the American military to contend with troops that had only a few years prior fought against each other in a different war, for example, and World War I forced the American military to consider how to integrate and use large numbers of immigrants. During the Vietnam War, the military confronted several issues, including growing antiwar sentiment and racial strife among troops. As this history of the nurse corps demonstrates, the army also had to contend with the burgeoning second-wave feminist movement as the ANC faced its own desperate need for nurses. The needs of the military and the demands of its personnel sometimes blended, sometimes conflicted. Thus, the experience of the army and the ANC during the Vietnam War illustrates the larger reality that the constant defining and redefining of gender roles is a complex process in which institutions and individuals negotiate meanings for their lives.

But if the experiences of nurses in the Vietnam War suggest the centrality of historical and contextual contingencies in the evolution of gender roles, they also reveal the multiple meanings and forms of change. Despite the army's attempts to distance itself from organized feminism, it nonetheless embraced some feminist ideals that advanced its needs while maintaining much of its traditionally feminine connotations of wartime nursing. Likewise, army nurses

embraced their own diverse versions of progressive gender roles and forced the army to contend with their expectations, not through organized challenges to established tradition but through ordinary, everyday occurrences in which they reformulated what it meant to be women and men, officers, and nurses in the army. Nurses raised awareness about their concerns and confronted the army's paternalistic, patronizing, and objectifying treatment of them, even as they embraced other aspects of the army's vision of traditional gender dichotomies. What the nurses confronted and embraced varied greatly from person to person. In short, they worked within their boundaries to effect changes, developing a unique version of gender particular to their individual needs.

These ambiguous versions of change suggest that the process of evolving social and cultural norms is not uniform or straightforward and that the ideologies demanding change, including feminism, are not unified or easily defined. Change is not always organized, not always as progressive as some might hope, and does not always call for overt or clear transformation. Even more, the experiences of these nurses demonstrate that change or feminism is not the exclusive preserve of liberal or radical organized groups. The varieties of feminism cultivated among nurses from all walks of life and political persuasions expose the breadth of its reach and the depths of the changes it brought to society and culture. Indeed, that gender changed in the army indicates just how mainstream feminist ideologies were becoming in the 1960s and early 1970s.

The army nurses who served in Vietnam experienced first-hand a war that challenged Americans' understandings of the nation and their relationship with it. As the war came to an end, so did the draft and the idea of universal—though very much class-based—obligatory military service for men. The war also made undeniable the myth of American exceptionalism as the world witnessed the defeat of American military might in Vietnam.[1] The war ended with significant challenges to the meanings of masculinity in America and with new questions about who would owe military service and under what conditions.

Women's roles in the military had been expanded more than ever before, and the military had integrated women in a much fuller and more permanent sense than it had previously. Army nurses had demonstrated that they were willing to perform national service, even military service, though their motivations indicated that service was inextricably bound to other personal motivations and that they would determine the meanings of that service for themselves. But as a sufficient number of states failed to ratify the Equal Rights

Amendment in the late 1970s and early 1980s—largely because of fears that the amendment would require women to serve in combat—the nation demonstrated that it was not yet ready to embrace the idea of compulsory military service for women.[2] Thus, even as these nurses helped to expand women's roles in the military, broadened the basic definition of army nursing, and helped to shape Americans' evolving understandings of gender, there were limits to what Americans were willing to accept as proper women's roles.

The continued opposition by a majority of Americans to the notion of armed women fighting in battle suggests how critical military and gender roles remain to Americans' understandings of the nation and citizenship. Since colonial militias, military service has been in the United States a means of affirming and gaining citizenship, of demonstrating one's adherence to the principles of mainstream society.[3] Excluding certain groups—even in seemingly limited ways—from full participation in that military suggests that they are not full citizens equal to those who face no limitations on their service or are expected to serve. Particularly, insisting on dichotomous masculine and feminine roles in the military preserves distinct, and unequal, values for women's and men's work.

But again, the experiences of these army nurses should be instructive. Merely admitting women to the military, or removing the restrictions against them, is a necessary but ultimately insufficient step toward redefining the military's—and the state's—gendered nature. Simply appointing a female general did not redefine the masculine image of the army any more than the admission of male nurses made the army consider nursing unfeminine. Both events helped to redefine gender in the army, but they also point to the need for more fundamental change, change less likely to be inscribed by laws. What is needed if society is to truly integrate the formerly excluded—whether women, men, racial or religious minorities, or homosexuals—is a reification of culture and values in which all are valued equally and without presupposition.

Whatever the various opinions on the question of compulsory—or even voluntary—military service, however, the experiences of army nurses in the Vietnam War should also serve as a warning about the implications and costs of limiting women's status and roles as well as the problems of assuming that the military should or can impart masculinity to men. Many of the issues these nurses confronted continue to shape the experiences of today's military nurses specifically and women in the military more broadly. The military of the twenty-first century relies on women more than ever before, and to perform

an unprecedented range of tasks. And yet, even while serving in increasing numbers and in more military specializations, women still face separate expectations and risks based on their gender. Mothers continue to endure public criticism for their active-duty service that fathers do not; women continue to face difficulties in proving post-traumatic stress disorder because they do not serve in legally recognized combat; and the rates of sexual assault on women by their fellow soldiers are simply appalling. Forbidding women from certain roles in the military (and in society in general) suggests they are inferior and thereby legitimizes their objectification and maltreatment. At the same time, assuming that the military's purpose is to instill martial masculinity in its men legitimizes the anomalous behaviors deemed acceptable and even necessary in war, including degrading ideologies about women. These consequences suggest that the questions raised by the nurses matter to all of society, whether military, civilian, women, or men. How Americans define acceptable and unacceptable gender roles signifies much more about the status of us all.

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Notes

Abbreviations

AJN	*American Journal of Nursing*
ANA	American Nurses Association
ANC	Army Nurse Corps
ANCA	Army Nurse Corps Archives
ASNP	Army Student Nurse Program
CFA	Commission of Fine Arts
MEDCAP	Medical Civic Action Program
NACP	National Archives at College Park, College Park, MD
NCPC	National Capital Planning Commission
NLN	National League for Nursing
NO	*Nursing Outlook*
NYT	*New York Times*
RG	Record Group
TVA, TTU	The Vietnam Archive, Texas Tech University
USAMHI	U.S. Army Military History Institute, Carlisle Barracks, PA
USAREC	United States Army Recruiting Command
VFW	Veterans of Foreign Wars
VVMF	Vietnam Veterans Memorial Fund
VWMP	Vietnam Women's Memorial Project
WAC	Women's Army Corps
WIMSA	Women in Military Service to America
WRAIN	Walter Reed Army Institute of Nursing

Introduction. "Lady, you're in the army now"

1. Kate O'Hare Palmer, interview by author, December 11, 2003, San Francisco, CA, and March 21, 2006, telephone interview, tape recordings in possession of the author. All information about and quotations from Palmer are from these interviews.

2. Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps,* Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1999), 331–37.

3. Office of the Adjutant General, U.S. Army Data Services and Administrative Systems Command, *Strength of the Army,* June 30, 1966, June 30, 1967, and June 30, 1968, Headquarters, Department of the Army, Office of the Deputy Chief of Staff for Personnel, Washington, D.C., held at the Center for Military History, Fort McNair, VA. All

numbers of nurses assigned to Vietnam in any year or month were counted on one particular day. The actual numbers varied because nurses arrived and departed daily.

4. Sarnecky, *History of the U.S. Army Nurse Corps,* 350, 359, 377–78.

5. Undoubtedly, the experiences of air force and navy nurses are similar to those of army nurses. The responses of the air force and the navy to the changing gender concerns of the era are also no doubt similar to those of the army. This book, however, does not detail the history of those two institutions. I hope that future works will explore the issues pertinent to other women who served in the Vietnam War.

6. Sarnecky, *History of the U.S. Army Nurse Corps,* 344–45. The 85th Evacuation Hospital staff traveled together by ship to Vietnam in the summer of 1965. It was the only hospital whose staff traveled together to the war. Some reserve nurses were called to active duty with their reserve units and deployed to Vietnam, but these hospital staffs were augmented with other army medical personnel. See Sarnecky, *History of the U.S. Army Nurse Corps,* 347–48, 375; Spurgeon Neel, *Medical Support of the U.S. Army in Vietnam, 1965–1970* (Washington, D.C.: Government Printing Office, 1973), 59–63.

7. Sarnecky, *History of the U.S. Army Nurse Corps,* 354, 361, 375; Neel, *Medical Support of the U.S. Army in Vietnam,* 60–70.

8. The National Vietnam Veterans Readjustment Study estimates that 6,039 military nurses served in Vietnam during the war. The Department of Defense estimates that approximately 7,500 military women (most of them army nurses) served in Vietnam between 1962 and 1973. The ANC estimates the total number of army nurses who served in Vietnam to be more than 5,000. See Richard A. Kukla et al., *The National Vietnam Veterans Readjustment Study: Tables of Findings and Technical Appendices* (New York: Brunner/Mazel, 1990), Exhibit B-18 on B-38, Table II-12 on II-12-1; Sarnecky, *History of the U.S. Army Nurse Corps,* 387–88; Linda Grant DePauw, *Battle Cries and Lullabies: Women in War from Prehistory to the Present* (Norman: University of Oklahoma Press, 1998), 269. See also Elizabeth Norman, *Women at War: The Story of 50 Military Nurses Who Served in Vietnam* (Philadelphia: University of Pennsylvania Press, 1990), 3–4; Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987), 4–6; Paul Hendrickson, *The Living and the Dead: Robert McNamara and Five Lives of a Lost War* (New York: Alfred A. Knopf, 1996), 403.

9. Women needed a parent's consent to join the army if under the age of twenty-one. Men needed a parent's consent if under the age of eighteen. On May 24, 1974, Public Law 93-290 changed this requirement and allowed women to join the military at age eighteen without parental consent. *Act of May 24, 1974* (Public Law 93-290), *United States Statutes at Large* 88 Stat. 173.

10. *Army Medical Service Activities Report,* 1968, p. 93, USARV Surgeon 1960–1969, Medical Unit Annual Reports, Records of the Office of the Surgeon General (Army), RG 112, National Archives at College Park, College Park, MD.

11. Margaret R. Higonnet and Patrice L.-R. Higonnet, "The Double Helix," in *Behind the Lines: Gender and the Two World Wars,* ed. Margaret Randolph Higonnet et al. (New Haven CT: Yale University Press, 1987), 41.

12. Higonnet and Higonnet use the image of the double helix of genetic material to illustrate this kind of gender change in the military. Even as women attained more progressive roles, they remained subordinate to men. See Higonnet and Higonnet, "The Double Helix," 31–47.

13. Joan Wallach Scott, *Gender and the Politics of History: Gender and Culture* (New York: New York University Press, 1988), 6.

CHAPTER ONE: "The Bright Adventure of Army Nursing"

Epigraph: Mary Ellen Smith, interview by Sharon I. Richie, November 23, 1987, p. 8, ANC Oral Histories, Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, Virginia (ANCA).

1. "Officer. Nurse. Woman," *American Journal of Nursing* (*AJN*) 69:4 (April 1969): 847; *Nursing Outlook* (*NO*) 17:4 (April 1969): cover 3; *RN* 32:4 (April 1969): 71; *Mademoiselle* 69:1 (May 1969): 111; *AJN* 69:7 (July 1969): 1513; *NO* 17:7 (July 1969): cover 3; *RN* 32:7 (July 1969): 2; *AJN* 69:8 (August 1969): 1739; *NO* 17:8 (August 1969): cover 3; *RN* 32:8 (August 1969): 75; *AJN* 69:9 (September 1969): 1967; *Mademoiselle* 69:5 (September 1969): 109; *Glamour* 62:1 (September 1969): 166; *AJN* 69:11 (November 1969): 2475; *NO* 17:11 (November 1969): cover 3; *RN* 32:11 (November 1969): 21. Portions of this chapter appeared as Kara Dixon Vuic, "'Officer. Nurse. Woman.': Army Nurse Corps Recruitment for the Vietnam War," *Nursing History Review* 14 (2006): 111–59.

2. Office of the Adjutant General, U.S. Army Data Services and Administrative Systems Command, *Strength of the Army,* April 30, 1969, Headquarters, Department of the Army, Office of the Deputy Chief of Staff for Personnel, Washington, D.C., held at the Center for Military History, Fort McNair, VA.

3. Works examining the general recruitment of women into the World War II military show that though women were used in "unfeminine" roles during the war, advertisements emphasized their femininity and the temporary nature of their work. During the Korean War, the military again faced a need to recruit women into the services, as well as to portray their work in ways that corresponded to public understandings of appropriate gender roles. See Maureen Honey, *Creating Rosie the Riveter: Class, Gender, and Propaganda during World War II* (Amherst: University of Massachusetts Press, 1984); Leila J. Rupp, *Mobilizing Women for War: German and American Propaganda, 1939–1945* (Princeton, NJ: Princeton University Press, 1978); Melissa S. Herbert, "Amazons or Butterflies: The Recruitment of Women into the Military during World War II," *Minerva* 9:2 (June 30, 1991): 50–68; Susanne Teepe Gaskins, "G.I. Nurses at War: Gender and Professionalization in the Army Nurse Corps during World War II" (Ph.D. dissertation, University of California, Riverside, 1994), 180–303; Linda Witt et al., *"A Defense Weapon Known to Be of Value": Servicewomen of the Korean War Era* (Hanover, NH: University Press of New England, 2005), 65–87.

4. Several works explore how the women's movement affected the images of women used in overall advertising. See, for example, Gary L. Sullivan and P. J. O'Connor, "Women's Role Portrayals in Magazine Advertising: 1958–1983," *Sex Roles* 18:3/4 (February 1988): 181–89; Ahmed Belkaoui and Janice M. Belkaoui, "A Comparative Analysis of the Roles Portrayed by Women in Print Advertisements: 1958, 1970, 1972," *Journal of Marketing Research* 13:2 (May 1976): 168–72; Alice E. Courtney and Sarah Wernick Lockertz, "A Woman's Place: An Analysis of the Roles Portrayed by Women in Magazine Advertisements," *Journal of Marketing Research* 8:1 (February 1971): 92–95.

5. Joan E. Lynaugh and Barbara L. Brush, *American Nursing: From Hospitals to Health Systems* (Cambridge, MA: Blackwell, 1996), 1–25; John Duffy, *From Humors to Medical Sci-*

ence: A History of American Medicine, 2d ed. (Urbana: University of Illinois Press, 1993), 320–22; Martin Tolchin, "Serious Troubles Plague City Hospitals as Medicare Approaches," *New York Times* (*NYT*), June 27, 1966, 1, 28. Particular hospital healthcare needs that increased after World War II included childbirth, the dying process, and treatment of more diseases and illnesses.

6. According to the American Nurses Association (ANA), there were 401,600 full- or part-time employed nurses in the United States in 1954. That number rose to 621,000 in 1966. ANA, *Facts About Nursing* (New York: Nursing Information Bureau of the ANA, 1966), 8. For the NLN estimate, see Douglas E. Kneeland, "Nursing Shortage May Double By '70," *NYT,* February 15, 1967, 47.

7. Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps,* Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1999), 279–82, 298, 321–25, 338–40, 354, 367, 374–77; Hal B. Jennings, Jr., *A Decade of Progress: The United States Army Medical Department, 1959–1969* (Washington, D.C.: Government Printing Office, 1971), 41. The 1948 Women's Armed Services Integration Act capped the numbers of women allowed in each military branch at 2 percent. *Women's Armed Services Integration Act of 1948, 62 Stat.* 356, Public Law 80-625, June 12, 1948.

8. ANA, *Facts About Nursing* (1964), 59.

9. The 1948 Women's Armed Services Integration Act prohibited women in the military from having dependents. In 1951, Executive Order 10240 allowed the military to discharge any woman who became the parent, stepparent, or guardian of a child under the age of eighteen, or who became pregnant or gave birth to a child. These regulations began to change during the Vietnam War, largely because of the need for nurses, and will be further discussed in chapter 5. See *Women's Armed Services Integration Act of 1948;* Executive Order 10240, *Code of Federal Regulations,* title 3, sec. 749 (1949–53), April 27, 1951.

10. ANA, *Facts About Nursing* (1964), 59.

11. Betty Antilla, "My Vietnam War Experience with the US Army Recruiting Command [USAREC]" August 1968–November 1970, 314.7 History, Vietnam, My Vietnam War Experience with the US Army Recruiting Command, ANCA; Betty Antilla, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, p. 6, The Vietnam Archive, Texas Tech University (TVA, TTU); "The Army Needs Fourteen Virginia Nurses to Serve in Vietnam," *Richmond News Leader,* May 20, 1962, news clipping, 341 Recruitment (1962), ANCA; John K. Waters to C. G. Dodge [n.d., after August 6, 1963]; C. G. Dodge to John K. Waters, August 6, 1963; C. G. Dodge to Earle G. Wheeler, July 29, 1963, all in 341 Recruitment (Operation Nightingale part 1, folder 2), ANCA.

12. Richard Reeves, "25 to 60% of Nurses' Jobs in Hospitals Here Vacant," *NYT,* August 1, 1966, 20.

13. Mildred Clark, interview by Nancy R. Adams, 1986, transcript, pp. 209–11, 228–32, Project 86-2, U.S. Army Military History Institute, Carlisle Barracks, PA.

14. Surgeon General's Consultant Group on Nursing, *Toward Quality in Nursing: Needs and Goals,* U.S. Department of Health, Education, and Welfare, Public Health Service Publication No. 992 (Washington, D.C.: Government Printing Office, February 1963), 27–32.

15. "President Signs Nursing Aid Bill," *NYT,* September 5, 1964, 6.

16. For the relationship between the origins of American nursing and ideals of domesticity, see Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–*

1945, Cambridge History of Medicine (Cambridge: Cambridge University Press, 1987); Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia, PA: Temple University Press, 1982); Jo Ann Ashley, *Hospitals, Paternalism, and the Role of the Nurse* (New York: Teachers College Press, 1976); Thetis M. Group and Joan I. Roberts, *Nursing, Physician Control, and the Medical Monopoly: Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice* (Bloomington: Indiana University Press, 2001).

17. Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (Mineola, NY: Dover Publications, 1969), 3. The book was first published in 1859 but arrived in the United States in 1860.

18. For Nightingale's influence on nurse training, see Reverby, *Ordered to Care,* 39–59; Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore, MD: Johns Hopkins University Press, 1995), 128–35; Josephine A. Dolan, M. Louise Fitzpatrick, Eleanor Krohn Herrmann, *Nursing in Society: A Historical Perspective,* 15th ed. (Philadelphia, PA: W. B. Saunders, 1983), 157–68.

19. Reverby, *Ordered to Care,* chapters 1–6; Rosenberg, *The Care of Strangers,* 219–36; Vern L. Bullough and Bonnie Bullough, *The Emergence of Modern Nursing,* 2nd ed. (New York: MacMillan, 1969), 120–25, 129–32, 168–75; Dolan, Fitzpatrick, and Herrmann, *Nursing in Society,* 190–214.

20. These data come from the ANA's *Facts About Nursing*. The exact statistics about male nurses varied slightly each year and were not reported annually. Nonetheless, some general trends can be observed. In 1950, male nurses constituted 2.4 percent of the total employed nurse population. In 1956–1958, male nurses were 1 percent of professional employed nurses, and in 1962 and 1966, 0.9 percent. In 1972, male nurses were 1.3 percent of the registered nurse population. See ANA, *Facts About Nursing* (New York: Nursing Information Bureau of the ANA, 1954), 16; *Facts About Nursing* (1961), 17; *Facts About Nursing* (1964), 23; *Facts About Nursing* (1968), 17; *Facts About Nursing* (1972–1973), 16.

21. Sarnecky, *History of the U.S. Army Nurse Corps,* 49–51.

22. *Act of September 30, 1966* (Public Law 89-609), *United States Statutes at Large* 80 Stat. 852; "Army Student Nurse Program Study," 341 Recruitment (1963), ANCA.

23. "Men in the Army Nurse Corps," October 29, 1964, ANC, Male Nurses, General Subject Files, 1960–1969, Records of the Office of the Surgeon General (Army), RG 112, National Archives at College Park, College Park, MD (NACP); Jennings, *A Decade of Progress,* 42, 95.

The Air Force Nurse Corps and the Navy Nurse Corps likewise included a greater percentage of male nurses than did the civilian nurse population. In 1969 5.2 percent of the Navy Nurse Corps was male; 10.4 percent of the Air Force Nurse Corps was male. See "Men Nurses Are There in the Military Services," *AJN* 69:2 (February 1969): 310; ANA, *Facts About Nursing* (1970–1971), 44.

24. On the ties between nursing and race, see Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950,* Blacks in the Diaspora (Bloomington: Indiana University Press, 1984); Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920–1945* (New York: Oxford University Press, 1995).

25. Consultant Group on Nursing, *Toward Quality in Nursing,* 28. For the movement to integrate the nursing profession, see Hine, *Black Women in White;* Mabel Keaton Stau-

pers, *No Time for Prejudice: A Story of the Integration of Negroes in Nursing in the United States* (New York: Macmillan Company, 1961); Alice M. Robinson, "Why So Few Blacks in Nursing," *RN* 35:7 (July 1972): 35; Jan Barnard, "How Fares the Negro Nurse? Better, *But . . .*," *RN* 31:11 (November 1968): 34–40.

26. On October 15, 1960, "nonwhite" students composed 3.1 percent of students enrolled in nursing education programs. On October 15, 1963, 2.6 percent of students were "Negro." On October 15, 1966, that number was 2.9 percent. In academic year 1968–1969, 7,773 "Negro" students were enrolled in nursing educational programs, or 5.2 percent of the total 149,124 students. In academic year 1971–1972, 7.2 percent of nursing students were "Black." African Americans constituted 11.1 percent of the U.S. population in 1970. See ANA, *Facts About Nursing* (1962–1963), 91, 99; *Facts About Nursing* (1965), 81, 92; *Facts About Nursing* (1967), 101, 106; *Facts About Nursing* (1970–1971), 80, 85; *Facts About Nursing* (1972–1973), 82, 88; U.S. Bureau of the Census, *1970 Census of Population* (Washington, D.C.: Bureau of the Census, 1972–1975).

27. Sarnecky, *History of the U.S. Army Nurse Corps,* 127–28, 171–72, 209, 213–14, 233–34, 271, 316–17.

28. "We'll pay $10,000 to help you get your degree," *AJN* 72:3 (March 1972): 554–55; *RN* 35:3 (March 1972): 28–29; *RN* 35:5 (May 1972): 58–59; *RN* 35:6 (June 1972): 27 [one-page advertisement with no picture]; *RN* 35:7 (July 1972): 60–61.

29. Dick Berry, interview by author, August 12, 2004, telephone interview, tape recording and transcript, pp. 34–35, TVA, TTU; "Something to be Proud of," *Recruiting and Career Counseling Journal* 17:1 (January 1964): 5.

30. Berry, interview by author, 35.

31. Sarnecky, *History of the U.S. Army Nurse Corps,* 325–26; Berry, interview by author, 24–25, 34–35; "Visit to United States Army Recruiting Command," 341 Recruitment (1972), ANCA; "Reorganization of ANC Recruiting Force," 341 Recruitment (1970–1978), ANCA.

32. Anna Mae Hays, interview by author, February 14, 2005, Arlington, VA, tape recording, in possession of the author; Sarnecky, *History of the U.S. Army Nurse Corps,* 325–26.

33. Consultant Group on Nursing, *Toward Quality in Nursing,* 31–32.

34. William H. Stewart, speech presented at meeting of the Health and Welfare Council of Memphis, September 19, 1966, 341 Recruitment (1966), ANCA.

35. Vern L. Bullough and Bonnie Bullough, *History, Trends, and Politics of Nursing* (Norwalk, CT: Appleton-Century-Crofts, 1984), 147–49; Bonnie Bullough, "The New Militancy in Nursing," *Nursing Forum* 10:3 (1971): 273–88; Joel Seidman, "Nurses and Collective Bargaining," *Industrial and Labor Relations Review* 23:3 (April 1970): 335–51.

36. Martin Tolchin, "The Nurses' Gains," *NYT,* May 28, 1966, 24.

37. Margaret Harper, speech at the 5th USA Conference of the Civilian Aides to the Secretary of the Army, May 10, 1963, Fort Riley, KS, 341 Recruitment (Operation Nightingale), ANCA.

38. Memorandum for Deputy Chief of Staff for Personnel [n.d., after April 1, 1970], 341 Recruitment (1970), ANCA. According to the ANA, in March 1969 general duty nurses working in nonfederal hospitals made approximately $7,332 annually. On July 1, 1969, a second lieutenant army nurse made between $5,212 and $6,983 annually, excluding a quarters allowance, or between $6,234 and $8,005 annually, including a quarters allowance. ANA, *Facts About Nursing* (1970–1971), 131; *Facts About Nursing* (1969), 152.

39. Memorandum for Deputy Chief of Staff for Personnel [n.d., after September 1970], 341 Recruitment (1970–1978), ANCA.

40. Mary G. Phillips, "The Over-All Nursing Picture—Its Effect on Military Nursing and the Army Nurse Corps" [n.d., before Phillips's retirement on September 30, 1951], p. 1, Army Nurse Corps, Information, General Subject Files, 1960–1969, RG 112, NACP.

41. Quotation from Connie Vance et al., "An Uneasy Alliance: Nursing and the Women's Movement," *NO* 33:6 (November/December 1985): 281. Some in the feminist movement were similarly dismissive toward flight attendants, whose occupation they believed was also traditionally feminine. See Kathleen M. Barry, *Femininity in Flight: A History of Flight Attendants,* Radical Perspectives (Durham, NC: Duke University Press, 2007), chapter 7.

42. For works on the relationship between second-wave feminism and nursing, see Susan Gelfand Malka, *Daring to Care: American Nursing and Second-Wave Feminism* (Urbana: University of Illinois Press, 2007); Susan Rimby Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946–1986,* American University Studies, series 27, Feminist Studies, vol. 5 (New York: Peter Lang, 1996); Janet Muff, "Why Doesn't a Smart Girl Like You Go to Medical School? The Women's Movement Takes a Slap at Nursing," in *Socialism, Sexism, and Stereotyping: Women's Issues in Nursing,* ed. Janet Muff (St. Louis, MO: Mosby, 1982), 178–85; Joan I. Roberts and Thetis M. Group, *Feminism and Nursing: An Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport, CT: Praeger, 1995); Francine D'Amico, "Feminist Perspectives on Women Warriors," in *The Women and War Reader,* eds. Lois Ann Lorentzen and Jennifer Turpin (New York: New York University Press, 1998), 119–25; Joan I. Roberts and Thetis M. Group, "The Women's Movement and Nursing," *Nursing Forum* 12:3 (1973): 303–22.

43. Corpsmen were enlisted men and women with military training in technical aspects of nursing, but who were members of the Army Medical Department, not the ANC. During the Vietnam War, the Army Medical Department placed corpsmen into three levels based on their level of training and knowledge. A corpsman with the designation 91-A, for example, was less skilled than a 91-B, who was less skilled than a 91-C.

44. "Army Nurse Corps," 341 Recruitment (1967) [1964 document but filed in the 1967 folder]; memorandum to Secretaries of Military Departments and Assistant Secretaries of Defense, December 20, 1965, 341 Recruitment (1966) [1965 document but filed in the 1966 folder]; press release from the Office of the Assistant Secretary of Defense, February 11, 1966, 341 Recruitment (1966), all in ANCA; Sarnecky, *History of the U.S. Army Nurse Corps,* 339–40.

45. Quoted in "Army Nurse Corps."

46. Quoted in ibid.

47. In 1965 the ANC consisted of 3,108 active duty nurses, far below the anticipated requirement of 5,856 nurses for fiscal year 1966 and an anticipated requirement of 8,243 nurses for fiscal year 1967. "Fact Sheet, Subject: Recruitment of Army Nurses," 341 Recruitment (1966), ANCA.

48. "Nursing Needs of the Military" speech to the Annual Meeting of Nurse Educators and Hospital Administrators, Dept. of Diploma Programs, National League of Nursing, May 6, 1966, St. Louis, MO, 341 Recruitment (1966), ANCA.

49. News release, Office of Assistant Secretary of Defense, February 23, 1966, 341 Re-

cruitment (1966); "United States Army Nurse Corps—October 1965–May 1966," 341 Recruitment (1965), both in ANCA.

50. Vera Glaser, "Draft Plan for Women Drawn Up," *Atlanta Constitution,* March 17, 1966, 30; Hays, interview by author; Sarnecky, *History of the U.S. Army Nurse Corps,* 339.

51. Antilla, "My Vietnam War Experience."

52. Unsigned speech, 1st Recruiting District, 341 Recruitment (1970), ANCA.

53. Anne Miles, interview by Wynona Bice-Stephens and Susan Steinfeld, May 14, 1989, transcript, pp. 32–33, quotation on 33, ANC Oral Histories, ANCA.

54. "ANA Studies Guideline Needs for Possible Nurse Draft," *AJN* 67:3 (March 1967): 498; memorandum to state and district nurses' associations, February 11, 1966, 341 Recruitment (1966), ANCA; Betty Antilla, "Nurse Corps Needs Aid," *AJN* 69:10 (October 1969): 2113–14; Antilla, "My Vietnam War Experience"; Antilla, interviews by author, May 29, 2004, pp. 14–15, and September 22, 2004, pp. 27–28, TVA, TTU.

55. Lynnae King, "Nurse War Role Attacked," *AJN* 70:2 (February 1970): 256, 260. See also Lynnae King to Dorothy A. Cornelius, December 24, 1968, 314.7 History, Vietnam, Department of Defense Nurse Advisory Committee, Documents, ANCA.

56. Norma Nagle, "A Nurse Can't Deny Care," *AJN* 70:4 (April 1970): 738, 742; Peter Luizzo, "A Nurse Can't Deny Care," *AJN* 70:4 (April 1970): 742; Marie B. Robinson, "A Nurse Can't Deny Care," *AJN* 70:4 (April 1970): 742.

57. National Student Nurses Association news release, May 15, 1969, 314.7 History, Vietnam, Department of Defense Nurse Advisory Committee, Documents, ANCA.

58. The First and Second Army areas were combined in USAREC for recruiting purposes. In October 1962, army recruiting became the responsibility of USAREC under the commanding general, United States Continental Army Command (CONARC), located at Fort Monroe, Virginia. Under this structure, the commanding generals of each army area were responsible for recruiting in their area. In October 1964 USAREC moved from CONARC to the Deputy Chief of Staff for Personnel Office, based at the Pentagon, which conducted all personnel issues for the Department of the Army. See Bettie J. Morden, *The Women's Army Corps, 1945–1978,* Army Historical Series (Washington, D.C.: Center of Military History, 1990), 179; typewritten note, last page in Operation Nightingale project file, 341 Recruitment (Operation Nightingale, folder 1); "Army Nurse Corps," 341 Recruitment (1967) [1964 document but filed in the 1967 folder]; "USCONARC Plans 'Operation Nightingale,'" 341 Recruitment (Operation Nightingale, folder 1), all in ANCA; "Appendix A: Historical Background," in Reg. No. 10-1, February 1, 1971, Organization and Functions, 227-01 Pub. Record Set Files (71), 1st RD Publications, Coff. 31 Dec. '71, Trf WRNC Jan. '72, HQ 1st Recruiting District 69–71, U.S. Army Training and Doctrine Command, RG 553, NACP.

59. Clark, interview by Adams, 170–73, 177.

60. Rose V. Straley, "ANC Information Sheet Prepared for Brigadier General Milburn," January 14, 1964, p. 3, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA; Clark, interview by Adams, 173.

61. The ANC Archives contain many of these articles.

62. "USAREC Nurse Recruitment Programs," 341 Recruitment (1970); "Procurement of ANC Officers," May 21, 1973, 341 Recruitment (1973), both in ANCA.

63. Clark, interview by Adams, 170–71; memorandum for U.S. Army Recruiting District Commanders, January 21, 1963, 341 Recruitment (Operation Nightingale, folder 1), ANCA; Antilla, interviews by author, May 29, 2004, pp. 3–15, and September 22, 2004,

pp. 26–37; Berry, interview by author, 25–36; Marion Kennedy, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, April 20 and 21, 2005, telephone interviews, tape recording and transcript, TVA, TTU; Audré McLoughlin, interview by author, March 31 and April 5, 2005, telephone interviews, tape recordings, in possession of author.

64. Marion L. Rolph to Constance L. Ferebee, April 11, 1963, 341 Recruitment (Operation Nightingale, folder 3), ANCA.

65. "One Top Recruiter Finds Beautiful Women, Extra Money Part of the Job," *Recruiting and Career Counseling Journal* 24:2 (February 1971): 8.

66. Memorandum to Constance L. Ferebee, May 3, 1963, 341 Recruitment (Operation Nightingale part 1, folder 2), ANCA.

67. Antilla, interviews by author, May 29, 2004, p. 6, and September 22, 2004, pp. 29–30.

68. Ellifritz, "History of Operation Nightingale"; Rolph to Ferebee, April 11, 1963; John S. Upham, Jr., to John K. Waters, April 5, 1963, 341 Recruitment (Operation Nightingale, folder 1); memorandum from M. Grace Johancen, "Publicity on Operation Nightingale," April 10, 1963, 341 Recruitment (Operation Nightingale, folder 1); Georgiana R. Spoerl to Constance L. Ferebee, April 11, 1963, 341 Recruitment (Operation Nightingale, folder 3); George M. Jones to Leonidas Gavalas, November 1965, Operation 500, 341 Recruitment (Operation Nightingale part 1, folder 2), all in ANCA.

69. "Financial Assistance for Nurse Training" 341 Recruitment (1963), ANCA; Peter Barnes, "The Army May be Hazardous to Your Health," *New Republic,* December 20, 1969, 13–14.

70. Antilla, interview by author, September 22, 2004, pp. 32–33.

71. "United States Army Nurse Corps—October 1965–May 1966"; Mildred Clark to Broadus Bailey, May 10, 1966, 341 Recruitment (1966); typed document [begins "In direct procurement"], p. 4, 341 Recruitment (Operation Nightingale), both in ANCA.

72. "Army Nurse Corps," USAREC Pamphlet No. 11-1, Army Programs USAREC Quarterly Command Progress Summary, First Quarter Fiscal Year 1968 (December 1967), p. 68, 205-02 Publication Records Set Files (67) USAREC Pamphlets, USAREC 67, RG 553, NACP; memorandum, "Army Nurse Corps Program—Recruiting Aids Produced by Fourth Recruiting District—Available to Other Districts," October 8, 1965, 705-05 Recruiting Publicity Campaign (65), USAREC 1961–1965, RG 553, NACP.

73. Fact sheet, November 11, 1965, Operation 500, 341 Recruitment (Operation Nightingale); Robert H. Pell to Margaret G. Clarke, April 16, 1966, 314.7 History, Vietnam, Correspondence 1962–1968; press release from Office of the Chief of Information, NY Branch, April 21, 1966, 341 Recruitment (1965), all in ANCA.

74. Quotation in Donald H. McGovern to ANC Chief Anna Mae Hays and Patricia J. Hume [a potential nurse recruit], June 16, 1969, 341 Recruitment (1970), ANCA.

75. Fact sheet, November 11, 1965, in Operation Nightingale packet, 341 Recruitment (Operation Nightingale), ANCA. Hays interview by author; multiple KM&G proposals in 705-05 RFP's and Proposals, USAREC, 1961–1965, RG 553; Arthur Goodman to Joy Day, February 18, 1971, Army Nurse Corps, Historical Information, General Subject Files, RG 112, both in NACP.

76. Deputy Chief of Staff for Personnel to Commanding Generals, "Operation Nightingale," May 3, 1963, 341 Recruitment (Operation Nightingale, folder 1), ANCA.

77. Margaret Harper (1959–1963), Mildred Clark (1963–1967), Anna Mae Hays (1967–1971), and Lillian Dunlap (1971–1975).

78. U.S. Department of Defense, Department of the Army, *A New Career . . . U.S. Army Nurse Corps* (Washington, D.C.: Government Printing Office, 1962); U.S. Department of Defense, Department of the Army, *The Bright Adventure of Army Nursing,* RPI 564 (Washington, D.C.: Government Printing Office, April 1969); U.S. Department of Defense, Department of the Army, *The Bright Adventure of Army Nursing,* RPI 564 (Washington, D.C.: Government Printing Office, December 1971).

79. U.S. Department of Defense, Department of the Army, *What Are You Doing Tomorrow?* RPI 540 (Washington, D.C.: Government Printing Office, February 1968); U.S. Department of Defense, Department of the Army, *Pride, Prestige, Professionalism. The World of an Army Nurse,* RPI 568 (Washington, D.C.: Government Printing Office, July 1969).

80. *AJN,* the official publication of the American Nurses Association, featured eighty-seven ANC advertisements from 1963 to 1972. *NO,* the official publication of the National League for Nursing, ran thirty-one ANC advertisements in the same period. *RN* contained eighty advertisements. *Tomorrow's Nurse,* published from 1960 to 1963, ran one ANC advertisement in 1963 ("Army Nurse–O.R. Student"). *Mademoiselle* ran one advertisement ("Officer. Nurse. Woman.") twice in 1969. Similarly, *Life* ran only one advertisement ("The genuine article"), on September 22, 1967. *Glamour* featured ten advertisements from 1967 to 1970, including one five-page advertisement that ran in the August 1967 issue.

81. "You're needed" cost $1,075 for each appearance in *AJN* from October to December 1965. "Won't you take a minute to learn how you can help him?" cost $1,100 per appearance in *AJN* in January, February, and March 1966. The Ketchum, MacLeod and Grove agency produced both advertisements. By comparison, a similar one-page army advertisement in *Field & Stream* cost $5,600 per appearance, while a one-page advertisement in *Sports Illustrated* cost $10,845 during the same period. See "Advertising Estimate," October 12, 1965, and "Advertising Estimate," November 24, 1965, p. 2, both in 705-05 RFP's and Proposals, USAREC, 1961–1965, RG 553, NACP.

82. Although the lack of USAREC records from the period prevents a complete analysis of how many interested individuals used these clip-out forms, or of which advertisements enticed the most requests for information, journal readers did seem to use them. In the first quarter of fiscal year 1968, for example, the ANC received 1,686 completed clip-out forms and 1,024 miscellaneous inquiries by mail. See "Army Nurse Corps," USAREC Pamphlet No. 11-1, Army Programs USAREC Quarterly Command Progress Summary, First Quarter Fiscal Year 1968 (December 1967), 68.

83. In 1963, four advertisements appeared in *AJN,* four in *NO,* one in *Tomorrow's Nurse,* and three in *RN*. In 1964, five advertisements appeared in *AJN*. In 1965, eight advertisements ran in *AJN,* and three in *RN*. In 1966, twelve advertisements ran in *AJN* and in *RN*. In 1967, eleven advertisements appeared in *AJN,* eleven in *RN,* four in *Glamour* (including the five-page advertisement in August), and one in *Life*. In 1968, twelve advertisements appeared in *AJN* and *RN,* six in *NO,* and two in *Glamour.* In 1969, twelve advertisements appeared in *AJN, NO,* and *RN;* two appeared in *Mademoiselle;* and one in *Glamour.* In 1970, twelve advertisements appeared in *AJN* and *RN,* six in *NO,* and three in *Glamour.* In 1971, eight advertisements appeared in *AJN,* and seven in *RN*. In 1972, eight advertisements ran in *RN,* and three ran in *AJN* and *NO*.

84. "Visit to United States Army Recruiting Command," 341 Recruitment (1972), ANCA.

85. Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End Press, 1983), 106.

86. During World War I, army nurses held no rank and were given only relative rank after the war, a designation that meant they received less pay and fewer allowances than their male officer counterparts and other female officers in the army. Army nurses held relative rank during World War II until June 1944 and received permanent officers' commissions, full retirement benefits, and equal pay only after the war through the Army-Navy Nurses' Act of 1947. From that point, being an officer provided equal pay and benefits for army nurses. See Sarnecky, *History of the U.S. Army Nurse Corps,* 142–48, 267–69, 290–93, 329. Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008), chapter 7. For a history of the ANC's quest to secure officer status for nurses after World War I, see Philip A. Kalisch, "How Army Nurses Became Officers," *Nursing Research* 25:3 (May–June 1976): 164–77.

87. "Match your skill and dedication to your patients' courage and sacrifice," *AJN* 71:2 (February 1971): 351; *RN* 34:2 (February 1971): 55; *AJN* 71:4 (April 1971): 791; *AJN* 71:6 (June 1971): 1235; *RN* 34:6 (June 1971): 107.

88. "Officer. Nurse. Woman."

89. "The genuine article," *AJN* 67:9 (September 1967): 1993; *RN* 30:9 (September 1967): 127; *Life* 63:12 (September 22, 1967): 85; *AJN* 67:10 (October 1967): 2167; *RN* 30:10 (October 1967): 23; *Glamour* 58:2 (October 1967): 191; *AJN* 67:11 (November 1967): 2419; *RN* 30:11 (November 1967): 111; *AJN* 67:12 (December 1967): 2615; *RN* 30:12 (December 1967): 7.

90. "Share great moments . . . in the Army Nurse Corps," *AJN* 64:10 (October 1964): 176; *AJN* 64:11 (November 1964): 174; *AJN* 65:2 (February 1965): 162; *AJN* 65:3 (March 1965): 176; *AJN* 65:4 (April 1965): 165.

91. "Financial assistance for your nursing education . . . starts here!" *AJN* 65:6 (June 1965): 170; *AJN* 65:7 (July 1965): 63. "Great work. Great nursing," *RN* 30:7 (July 1967): 31; *Glamour* 57:6 (August 1967): 115; *The Bright Adventure of Army Nursing* (1969), 1. The "Great work" series of advertisements that appeared in *Glamour* are very similar to the brochure *What Are You Doing Tomorrow?*

92. *A New Career . . . U.S. Army Nurse Corps,* 16.

93. For contemporary nurses' complaints about administrative and janitorial tasks, see George Barrett, "Making the Rounds with a Nurse," *NYT,* November 15, 1959, SM17, 101–2; Leonard Engel, "The Ills of 'Maintown' Hospital," *NYT Magazine,* November 26, 1961, SM43.

94. *A New Career . . . U.S. Army Nurse Corps,* 12–13. Anna Mae Hays thought the stories featured in this brochure must have been true or the army would have been "fraudulent" in casting them as such. Hays interview by author.

95. *What Are You Doing Tomorrow?* 1.

96. *The Bright Adventure of Army Nursing* (1969), 27.

97. "This young lady from Lehighton, Pa.," *AJN* 68:1 (January 1968): 170; *RN* 31:1 (January 1968): inside back cover; *AJN* 68: 2 (February 1968): 389; *RN* 31:2 (February 1968): 27; *AJN* 68:5 (May 1968): 1119; *Glamour* 59:3 (May 1968): 117; *RN* 31:5 (May 1968): 28; *AJN* 68:7 (July 1968): 1567; *NO* 16:7 (July 1968): 63; *RN* 31:7 (July 1968): 27.

98. *A New Career . . . U.S. Army Nurse Corps,* 4.

99. Ibid., 17, 7.

100. "On and off duty . . . Army Nurses have a better life," *AJN* 64:5 (May 1964): 170; *AJN* 64:6 (June 1964): 178; *AJN* 64:9 (September 1964): 204.

101. Donald H. McGovern to student nurses and nurses who did not enter the ANC, February 5, 1969, 341 Recruitment (1970) [1969 document but filed in 1970 folder], ANCA.

102. "The reasons you wanted to be a nurse are good reasons for being an Army Nurse," *AJN* 71:12 (December 1971): 2388–89; *RN* 34:12 (December 1971): 102–3; *NO* 20: 7 (July 1972): 466–67; *NO* 20: 9 (September 1972): 604–5; *RN* 35:9 (September 1972): 28–29. This advertisement reflected the army's shift to a market-based focus in its recruitment materials as it planned for the shift to the all-volunteer force. See Beth Bailey, "The Army in the Marketplace: Recruiting an All-Volunteer Force," *Journal of American History* 94:1 (June 2007): 47–74.

103. "How to bandage a war," *AJN* 68: 8 (August 1968): 1777; *NO* 16:8 (August 1968): 69; *RN* 31:8 (August 1968): 59; *AJN* 68:9 (September 1968): 1999; *NO* 16:9 (September 1968): cover 3; *RN* 31:9 (September 1968): 4; *AJN* 68:11 (November 1968): 2453; *NO* 16:11 (November 1968): cover 3; *RN* 31:11 (November 1968): 31; *AJN* 69:2 (February 1969): 375; *NO* 17:2 (February 1969): cover 3.

104. *A New Career . . . U.S. Army Nurse Corps,* 15.

105. "On and off duty . . . Army Nurses have a better life."

106. *A New Career . . . U.S. Army Nurse Corps,* 11.

107. Ibid., 13.

108. "Great work. Great nursing"; *A New Career . . . U.S. Army Nurse Corps,* 15; "On and off duty . . . Army Nurses have a better life."

109. *The Bright Adventure of Army Nursing* (1969), 1.

110. Students who participated in the ASNP for one year (students in three-year diploma programs) owed two years of active duty service, while those who participated for two years (students in four-year baccalaureate programs) owed three years.

111. While in school, female students were officially members of the Women's Army Corps Reserve, male students members of the Army Reserve. Students received the pay and allowances of an E-3 position (equivalent to that of a private first class), though the participants had no military requirements while they were in school. Army Regulation No. 601-19, "Personnel Procurement: Army Student Nurse, Dietitian, and Occupational Therapist Programs," October 7, 1965, ANC Education, General Subject Files, 1960–1969, RG 112, NACP; "Fact Sheet: Army Nurse Corps Procurement Programs," March 12, 1969, 341 Recruitment (1966) [1969 document but filed in the 1966 folder]; "Resume of Recruiting Efforts," enclosed with Surgeon General to Frances P. Bolton, April 15, 1966, 341 Recruitment (1966); "Army Student Nurse Program," 341 Recruitment (1963); "USAREC Objectives and Accomplishments," 341 Recruitment (1970), all in ANCA; Sarnecky, *History of the U.S. Army Nurse Corps,* 323–28.

112. "Stay in school and send us the bill," *AJN* 72:1 (January 1972): 52–53; *RN* 35:1 (January 1972): 12–13; *RN* 35:4 (April 1972): 14–15. "We'll pay $10,000 to help you get your degree" and "If you're an RN studying for your degree, we'll pay for you to study," *NO* 20:11 (November 1972): 738–39; *RN* 35:11 (November 1972): 58–59; *AJN* 72:12 (December 1972): 2250–51.

113. "Let the Army bring out the specialist in you," *AJN* 68:12 (December 1968): 2641; *NO* 16:12 (December 1968): cover 3; *RN* 31:12 (December 1968): 69; *AJN* 69:3

(March 1969): 601; *NO* 17:3 (March 1969): cover 3; *RN* 32:3 (March 1969): 10; *AJN* 69:6 (June 1969): 1303; *NO* 17:6 (June 1969): cover 3; *RN* 32:6 (June 1969): 101.

114. "Army Nurse—Student Anesthetist," *AJN* 63:2 (February 1963): 33; *NO* 11:4 (April 1963): 301; *RN* 26:5 (May 1963): 8; *AJN* 63:7 (July 1963): 151; *NO* 11:8 (August 1963): 611; *RN* 26:9 (September 1963): 127. "Army Nurse—O.R. Student," *Tomorrow's Nurse* 4:2 (April–May 1963): 33; *AJN* 63:5 (May 1963): 141; *NO* 11:6 (June 1963): 463; *RN* 26:6 (June 1963): 103; *AJN* 63:11 (November 1963): 175; *NO* 11:12 (December 1963): 916; "You can grow fast, too. In the Army," *NO* 17:12 (December 1969): 81; *NO* 18:1 (January 1970): 69; *NO* 18:2 (February 1970): 73; *AJN* 70:2 (February 1970): 369; *NO* 18:3 (March 1970): 65; *NO* 18:4 (April 1970): cover 3; *NO* 18:5 (May 1970): 75; *NO* 18:6 (June 1970): cover 3.

Nurse anesthetists and operating room nurses were "the most critically short specialties" in Vietnam and were thus the most sought-after nurses. Anna Mae Hays, *Report of Visit,* pp. 5–6, 314.7 History, Vietnam, Col. Hays Visit to Major Medical Units, 1968, ANCA; Sarnecky, *History of the U.S. Army Nurse Corps,* 374–75, 381.

115. "The reasons you wanted to be a nurse are good reasons for being an Army Nurse."

116. First quotation from "Officer. Nurse. Woman." Second quotation from "We'll pay $10,000 to help you get your degree."

117. *A New Career . . . U.S. Army Nurse Corps,* 14.

118. *The Bright Adventure of Army Nursing* (1969), 23; "Modern Army nursing takes to the field," *AJN* 67:2 (February 1967): 401; *RN* 30:2 (February 1967): 17; *AJN* 67:3 (March 1967): 643; *RN* 30:3 (March 1967): 101; *AJN* 67:4 (April 1967): 859; *RN* 30:4 (April 1967): 22; *AJN* 67:5 (May 1967): 1075; *RN* 30:5 (May 1967): 15; *RN* 30:6 (June 1967): 66.

119. "The most beautiful girl in the world," *Glamour* 57:2 (April 1967): 153; *AJN* 67:6 (June 1967): 1319; *Glamour* 57:4 (June 1967): 93. Perhaps fittingly, the advertisement specifically focusing on a nurse's beauty appeared more in *Glamour* than in the *AJN*.

120. *What Are You Doing Tomorrow?* 8.

121. "Match your skill and dedication to your patients' courage and sacrifice."

122. See "We'll pay $10,000 to help you get your degree" for the male nursing student and *Pride, Prestige, Professionalism. The World of an Army Nurse* for male nurses in various uniforms.

123. Deputy Chief of Staff for Personnel to Commanding Generals.

124. Dancer-Fitzgerald-Sample, "Study of Motivations for and against Joining the Army Nurse Corps," #62405, November 1962, pp. 17–18, 33–34, 705-05 Recruiting Publicity Campaign FY 63 Files, Recruiting Publicity Campaign Materials, 1950–1967, RG 553, NACP.

125. Ibid., 48–59.

126. Ibid., 48, 50–51, quotation on 48.

127. Ibid., 32, 43–45. On the historically sexualized and gendered images of military women, see Cynthia Enloe, *Does Khaki Become You?* and *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000); Linda Grant DePauw, *Battle Cries and Lullabies: Women in War from Prehistory to the Present* (Norman: University of Oklahoma Press, 1998); Judith Hicks Stiehm, *Arms and the Enlisted Woman* (Philadelphia, PA: Temple University Press, 1989); Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: University of North Carolina Press, 2004), especially 46–63; Leisa D. Meyer, *Creating G.I. Jane: Sexuality and Power in*

the Women's Army Corps During World War II (New York: Columbia University Press, 1996); Donna B. Knaff, "This Woman in Slacks: Female Masculinity in the Popular Graphic Art of World War II" (Ph.D. dissertation, University of New Mexico, 2006).

128. "Possible Opportunities for Publicity Support of the Army Nurse Corps Personnel Procurement Campaign" [undated], ANC Procurement, General Subject Files, 1960–1969, RG 112, NACP; T. L. Hasbrouck, "Some Comments and Random Ideas Sparked by the Motivation Study Done by Dancer-Fitzgerald-Sample, Inc. for the Army Nurse Corps," December 23, 1962, 341 Recruitment (Operation Nightingale), ANCA.

129. Dancer-Fitzgerald-Sample, "Study of Motivations," 36–40, 59–60, quotations all on 37.

130. Ibid., 31.

131. Berry, interview by author, 32–34; Alpharetta E. Slaats, "Recommendations for Operation Nightingale Flight to Fitzsimmons General Hospital, Denver, Colorado, on 12–13–14 June 1963," June 17, 1963, 341 Recruitment (Operation Nightingale, part 2, folder 2), ANCA; Margaret E. Bailey, *The Challenge: Autobiography of Col. Margaret E. Bailey, First Black Nurse Promoted to Colonel in the U.S. Army Nurse Corps* (Lisle, IL: Tucker Publishing, 1999), 100. The *Recruiting and Career Counseling Journal* also features short stories and photographs from several recruiting trips.

132. Lynn Calmes Kohl, in Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987), 235–36, quotation on 236; Lynn Calmes Kohl, interview by author, April 29, 2004, Salt Lake City, tape recording and transcript, pp. 5–6, TVA, TTU.

133. "Draft of Letter—CONARC Stationery," "Draft—Introduction to Outline," and "Visit of Civilian Nurses to Fort George G. Meade, Maryland, December 7 and 8, 1962," all in 341 Recruitment (1960s), ANCA.

134. Edgar R. Fleming to Commanding General, July 1, 1963, 341 Recruitment (Operation Nightingale part 2, folder 2), ANCA.

135. "Army Nurse Night Activity is Slated at Barracks on Nov. 4," *Carlisle Evening Sentinel* (Pennsylvania), October 24, 1969, news clipping, Army Nurse Corps, Information, General Subject Files 1960–1969, RG 112, NACP.

136. Dancer-Fitzgerald-Sample, "Study of Motivations," 45–47, 58–59.

137. Ibid., 46.

138. Dodge to Wheeler, March 9, 1963, Operation Nightingale, 341 Recruitment (Operation Nightingale, folder 1), ANCA.

139. *The Bright Adventure of Army Nursing* (1969), 28.

140. Ibid., 2.

141. Ibid., 13.

142. *A New Career . . . U.S. Army Nurse Corps,* 17.

143. Ibid.

144. *The Bright Adventure of Army Nursing* (1969), 12.

145. Fact sheet, 341 Recruitment (1966), ANCA.

146. Deputy Chief of Staff for Personnel to Commanding Generals.

147. "Great work. Great people," *Glamour* 57:6 (August 1967): 119.

148. "On and off duty . . . Army Nurses have a better life."

149. *What Are You Doing Tomorrow?* 6.

150. "Great work. Great people."

151. "The most beautiful girl in the world." The ANC also made this advertisement

available as a poster. See "Recruiting Publicity Items Available for Requisitioning," USAREC Regulation 360-2, March 15, 1967, B-4, 205-02 Publication Record Set Files (67) USAREC Regulations, USAREC 1967, RG 553, NACP.

152. "Be the nurse you were meant to be," *RN* 33:2 (February 1970): 119; *AJN* 70:3 (March 1970): 605; *RN* 33:3 (March 1970): 21; *AJN* 70:4 (April 1970): 859; *RN* 33:4 (April 1970): 59; *Glamour* 63:3 (May 1970): 177; *AJN* 70:6 (June 1970): 1341; *RN* 33:6 (June 1970): 99; *AJN* 70:7 (July 1970): 1539; *RN* 33:7 (July 1970): 17; *AJN* 70:8 (August 1970): 1777; *RN* 33:8 (August 1970): 20; *Glamour* 63:6 (August 1970): 119.

153. McGovern to student nurses and nurses who did not enter the ANC.

154. "Thanks." *NO* 17:9 (September 1969): cover 3; *RN* 32:9 (September 1969): 77; *AJN* 69:10 (October 1969): 2217; *RN* 32:10 (October 1969): 111; *AJN* 69:12 (December 1969): 2621; *RN* 32:12 (December 1969): 83; *AJN* 70:1 (January 1970): 141; *RN* 33:1 (January 1970): 30; *Glamour* 62:6 (February 1970): 115; *AJN* 70:5 (May 1970): 1095; *RN* 33:5 (May 1970): 30.

155. "Won't you take a minute to learn how you can help him?" *AJN* 66:1 (January 1966): 163; *RN* 29:1 (January 1966): 10; *AJN* 66:2 (February 1966): 383; *RN* 29:2 (February 1966): 119; *AJN* 66:3 (March 1966): 637; *AJN* 66:4 (April 1966): 873; *RN* 29:4 (April 1966): 119; *AJN* 66:5 (May 1966): 1145; *RN* 29:5 (May 1966): 135; *AJN* 66:6 (June 1966): 1391; *RN* 29:6 (June 1966): 27; *AJN* 66:7 (July 1966): 1631; *RN* 29:7 (July 1966): 109; *AJN* 66:8 (August 1966): 1863; *RN* 29:8 (August 1966): 79; *AJN* 66:9 (September 1966): 2068; *RN* 29:9 (September 1966): 29.

156. "You're needed," *AJN* 65:10 (October 1965): 227; *AJN* 65:11 (November 1965): 195; *AJN* 65:12 (December 1965): 189. The oath to which the advertisement refers was commonly known as the Nightingale pledge, a modified version of the Hippocratic oath taken by physicians.

157. "Nurses urgently needed!" *AJN* 66:10 (October 1966): 2327; *RN* 29:10 (October 1966): 111; *AJN* 66:11 (November 1966): 2535; *RN* 29:11 (November 1966): 13; *AJN* 66:12 (December 1966): 2769; *RN* 29:12 (December 1966): 104; *AJN* 67:1 (January 1967): 181; *RN* 30:1 (January 1971): 19.

158. "Army Nurse—Student Anesthetist"; "The genuine article."

159. Sample letter from Ellayne E. McAlpine to Coralie M. Block, November 10, 1965, Operation 500, 341 Recruitment (Operation Nightingale), ANCA.

160. "Ask an Army nurse about patriotism," *AJN* 68:3 (March 1968): 665; *RN* 31:3 (March 1968): 29; *AJN* 68:4 (April 1968): 875; *RN* 31:4 (April 1968): 27; *AJN* 68:6 (June 1968):1351; *RN* 31:6 (June 1968): 25.

161. "The genuine article."

162. Sarnecky, *History of the U.S. Army Nurse Corps,* 377; Spurgeon Neel, *Medical Support of the U.S. Army in Vietnam, 1965–1970* (Washington, D.C.: Government Printing Office, 1973), 147.

163. Cynthia A. Gurney, *33 Years of Army Nursing: An Interview with Brigadier General Lillian Dunlap* (Washington, D.C.: United States Army Nurse Corps, 2001), 150.

CHAPTER TWO: "An officer and a gentleman"

Epigraph: Joan Furey, interview by Brad Winchester, May 26, 2004, Library of Congress Veterans History Project, http://lcweb2.loc.gov/diglib/vhp/story/loc.natlib.afc2001001.19249/ (accessed June 23, 2008).

1. "Program of Instruction for 6-8-C1(M) Army Medical Department Officer Basic Course," March 1969, Official Papers, Mar. 1958, ca. 1970, Dec. 7, 1981, n.d., Army Nurse Corps Collection, U.S. Army Military History Institute, Carlisle Barracks, PA (USAMHI); Hal B. Jennings, Jr., *A Decade of Progress: The United States Army Medical Department, 1959–1969* (Washington, D.C.: Government Printing Office, 1971), 131. Margarethe Cammermeyer's basic course in 1963 was ten weeks long, while the "Program of Instruction" cited above (as the corps' requirements for the war began to decline) called for an eight-week program. Margarethe Cammermeyer, interview by Laura M. Calkins, March 30, 31, April 5, 2004, telephone interview, transcript, p. 18, The Vietnam Archive, Texas Tech University (TVA, TTU).

2. Susan O'Neill, interview by Laura M. Calkins, March 16, 2004, telephone interview, transcript, p. 31, TVA, TTU.

3. Jennifer Lundberg, interview by author, March 23, 2004, Tampa, FL, tape recording and transcript, p. 6, TVA, TTU.

4. Mary Curts, interview by author, March 24, 2004, Tampa, FL, tape recording and transcript, p. 8, TVA, TTU.

5. Lundberg, interview by author, 6.

6. Diane Carlson Evans, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 7, TVA, TTU.

7. O'Neill, interview by Calkins, 34–35; Lynne Hudson, interview by Stephen Maxner, May 18, 2000, Lubbock, TX, transcript, pp. 9–10, TVA, TTU.

8. D. Evans, interview by author, 8.

9. Anne Simon Auger, in Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987), 95.

10. O'Neill, interview by Calkins, 34.

11. Auger, in Walker, *A Piece of My Heart,* 96.

12. Hudson, interview by Maxner, 11–12.

13. "Program of Instruction," 47.

14. Ibid., 47–48.

15. Ibid., 46–47, quotation on 46.

16. Hudson, interview by Maxner, 11.

17. Sara McVicker, in Walker, *A Piece of My Heart,* 138, 139.

18. O'Neill, interview by Calkins, 33.

19. "Program of Instruction," 68.

20. Lundberg, interview by author, 6.

21. "Program of Instruction," 69.

22. D. Evans, interview by author, 7–8.

23. Jennie L. Caylor, *End of Tour Report,* 314.7 History, Vietnam, Deployment Issues, and Althea Williams, *End of Tour Report,* January 16, 1969, 314.7 History, Vietnam, End of Tour Report, COL Althea Williams 1969, both in Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, Virginia (ANCA).

24. Josephine A. Dolan, M. Louise Fitzpatrick, and Eleanor Krohn Herrmann, *Nursing in Society: A Historical Perspective,* 15th ed. (Philadelphia, PA: W. B. Saunders, 1983), 1–42, 51, 64–76, 80–81, 87–96; Vern L. Bullough and Bonnie Bullough, *The Emergence of Modern Nursing,* 2nd ed. (New York: Macmillan, 1969), 15–17, 26–27, 39–50, 62–63; Lena Dixon Dietz and Aurelia R. Lehozky, *History and Modern Nursing,* 2nd ed. (Philadelphia, PA: F. A. Davis, 1968), 6–21, 30–39; Joan Evans, "Men Nurses: A Historical and

Feminist Perspective," *Journal of Advanced Nursing* 47:3 (August 2004): 321–28; Carolyn Mackintosh, "A Historical Study of Men in Nursing," *Journal of Advanced Nursing* 26:2 (August 1997): 232–36; Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps,* Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1999), 1–12; Terry W. Miller, "Men in Nursing," *California Nursing Review* 11 (March/April 1989): 11.

25. Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945,* Cambridge History of Medicine (Cambridge: Cambridge University Press, 1987), 39–59; Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore, MD: Johns Hopkins University Press, 1995), 128–35; Dolan, Fitzpatrick, and Herrmann, *Nursing in Society,* 157–68; Bullough and Bullough, *The Emergence of Modern Nursing,* 99–109.

26. A few nursing schools continued to accept male students, but the men typically received a shorter course of training. See Dolan, Fitzpatrick, and Herrmann, *Nursing in Society,* 313–14; Mary M. Roberts, *American Nursing: History and Interpretation* (New York: MacMillan, 1954), 312–19; Bullough and Bullough, *The Emergence of Modern Nursing,* 205; Dietz and Lehozky, *History and Modern Nursing,* 111. This is not to say that female nurses did not practice psychiatric nursing; in 1950, 92.9 percent of psychiatric nurses were women. However, a larger proportion of male nurses than female nurses practiced in the specialty, 6.8 percent compared with 2.5 percent. American Nurses Association (ANA), *Facts About Nursing* (New York: Nursing Information Bureau of the ANA, 1952), 15, 24; *Facts About Nursing* (1955–1956), 16. For psychiatric nursing in the ANC, see Sarnecky, *History of the U.S. Army Nurse Corps,* 197, 255–56, 276–77, 288–89, 359.

27. These figures include male nursing students and professional male nurses. ANA, *Facts About Nursing* (1943), 6, 12; *Facts About Nursing* (1955–1956), 16.

28. Sarnecky, *History of the U.S. Army Nurse Corps,* 12–29; Dolan, Fitzpatrick, and Herrmann, *Nursing in Society,* 172–84; Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: University of North Carolina Press, 2004), 18–19; George Worthington Adams, *Doctors in Blue: The Medical History of the Union Army in the Civil War* (New York: Henry Schuman, 1952), 176–93.

29. On broader gender concerns, see Kristin Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven, CT: Yale University Press, 1998); LeeAnn Whites, *The Civil War as a Crisis in Gender: Augusta, Georgia, 1860–1890* (Athens: University of Georgia Press, 1995); Charles D. McGraw, " 'The Intervention of a Friendly Power': The Transnational Migration of Women's Work and 1898 Imperial Imagination," *Journal of Women's History* 19:3 (2007): 137–60.

30. Quoted in Sarnecky, *History of the U.S. Army Nurse Corps,* 37, also 29–40; Richard J. Westphal, "Remember the Maine! Remember the Men!: The First Male Nurses Held Military Rank and Served in the Spanish-American War," *American Journal of Nursing* (*AJN*) 103:5 (May 2003): 77; Dolan, Fitzpatrick, and Herrmann, *Nursing in Society,* 219–21.

31. Likewise, the Navy Nurse Corps (female), founded in 1908, permitted only women to join, as did the Air Force Nurse Corps, founded in 1949. For more on the founding of the nursing corps, see Sarnecky, *History of the U.S. Army Nurse Corps,* 49–51; Doris M. Sterner, *In and Out of Harm's Way: A History of the Navy Nurse Corps* (Seattle, WA: Peanut Butter Publishers, 1997); Sharon A. Vairo, "History of the United States Air Force Nurse Corps 1949–1954" (D.N.Sc. thesis, University of San Diego, 1998).

32. Quoted in Philip A. Kalisch and Beatrice J. Kalisch, "The Women's Draft: An Analysis of the Controversy over the Nurses' Selective Service Bill of 1945," *Nursing Research* 22:5 (September–October 1973): 406. Judd's comments were taken directly from communication with the secretary of war. See Bryce N. Harlow, memorandum for the Surgeon General, January 18, 1945; and John W. Martyn to J. Hardin Peterson, January 17, 1945, both in History of Male Military Nurses, Mary Sarnecky Collection, ANCA.

33. Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill: University of North Carolina Press, 2000), 341; Leisa D. Meyer, *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps During World War II* (New York: Columbia University Press, 1996); D'Ann Campbell, "The Regimented Women of World War II," in *Women, Militarism, and War: Essays in History, Politics, and Social Policy,* ed. Jean Bethke Elshtain and Sheila Tobias (Savage, MD: Rowman and Littlefield, 1990), 107–22.

34. On the push to integrate men after World War II, see Sarnecky, *History of the U.S. Army Nurse Corps,* 290–91, 296–97; Roberts, *American Nursing,* 320–22; Frank Paco, Jr., to Carl Vinson, October 5, 1950; memorandum to General Bliss from Paul I. Robinson, March 18, 1949; Fact sheet, July 14, 1952; Ruby F. Bryant, memorandum for Colonel H. W. Glattly, Chief, Personnel Division, July 22, 1952; H. W. Glattly, memorandum for the Surgeon General, Department of the Army, July 22, 1952, all in History of Male Military Nurses, Mary Sarnecky Collection, ANCA. On the connections between the nurse shortage and the exclusion of men, see Howard A. Rusk, "Inequities in Policy Remain to Plague Medical Services," *New York Times* (*NYT*), January 28, 1951, 59; "A Program for Nurses," *NYT,* January 27, 1951, 12; Lillian Bellison, "Nurses Want Male Colleagues in Services to Be Officers Too," *NYT,* May 1, 1954, 16. On the Cold War–era concern about homosexuality, see K. A. Cuordileone, *Manhood and American Political Culture in the Cold War* (New York: Routledge, 2005); David K. Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago: University of Chicago Press, 2004).

35. U.S. House of Representatives, Committee on Armed Services, Subcommittee No. 2, *Subcommittee Hearings on H.R. 2559* (July 7, 1955), 4290.

36. Ibid., 4293.

37. Christine L. Williams, *Gender Differences at Work: Women and Men in Nontraditional Occupations* (Berkeley: University of California Press, 1989), 94.

38. *Act of August 9, 1955* (Public Law 84-294), *United States Statutes at Large* 69 Stat. 579.

39. Mildred I. Clark, interview by Nancy R. Adams, 1986, transcript, p. 225, Project 86-2, USAMHI.

40. Speech given to Medical Surgical Nursing Course at Walter Reed Army Institute of Research, Walter Reed Army Medical Center, January 24, 1964, pp. 23–24 in Appendix E, "The Role of the Army Nurse Corps—Today and Tomorrow," in Clark, interview by Adams.

41. ANA, *Facts about Nursing* (1970–1971), 17; *Facts about Nursing* (1972–1973), 16.

42. Margaret Harper, Speech at the 5th USA Conference of the Civilian Aides to the Secretary of the Army, May 10, 1963, Fort Riley, KS, 341 Recruitment (Operation Nightingale), ANCA.

43. ANA, *Facts about Nursing* (1970–1971), 54; "House Votes Commissions for Male Nurses in Services," *NYT,* August 16, 1966, 32; Jennings, *A Decade of Progress,* 42; Fact

sheet, 341 Recruitment (1966), ANCA; Harper speech; "Men Nurses Are There in the Military Services," *AJN* 69:2 (February 1969): 310.

44. Office of the Assistant Secretary of Defense, Press Release No. 142-66, February 23, 1966, ANC Male Nurses, General Subject Files, 1960–1969, Records of the Surgeon General (Army), RG 112, National Archives at College Park, College Park, MD (NACP).

45. That number included twenty-seven warrant officers, men who had completed an associate degree program in nursing. The ANC never assigned warrant officer nurses to Vietnam. News release, Office of Assistant Secretary of Defense, February 23, 1966, 341 Recruitment (1966); "United States Army Nurse Corps—October 1965–May 1966," 341 Recruitment (1965), both in ANCA; "900 Male Nurses to Be Drafted," *Washington Post,* February 24, 1966, A2; Sarnecky, *History of the U.S. Army Nurse Corps,* 339.

46. Rose V. Straley, "ANC Information Sheet Prepared for Brigadier General Milburn," January 14, 1964, p. 7, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA.

47. U.S. Senate, Committee on Armed Services, *Report No. 1596: Authorizing Regular Commissions for Male Nurses and Medical Specialists in the Army, Navy, and Air Force,* 89th Cong., 2nd sess. (September 7, 1966), 3. Also in U.S. House of Representatives, Committee on Armed Services, *Report No. 1823: Authorizing Regular Commissions for Male Nurses and Medical Specialists in the Army, Navy, and Air Force,* 89th Cong., 2nd sess. (August 9, 1966), 4.

48. Senate, *Report No. 1596,* 3.

49. *Act of September 30, 1966* (Public Law No. 89-609), *United States Statutes at Large,* 80 Stat. 852; "House Votes Commissions for Male Nurses in Services," 32.

50. Anna Mae Hays, interview by Amelia Jane Carson, February 23, 1983, transcript, p. 176, Project 83-10, USAMHI.

51. Quotations in Hays, interview by Carson, 180. Other information on Hays's career comes from Anna Mae Hays, interview by author, February 14, 2005, Arlington, VA, tape recording, in possession of the author, and Hays, interview by Carson. Kathleen Scott provides an excellent analysis of the interplay between Hays's life and ideals of nursing and gender in the army. She argues that Hays became the ceremonial first general in the army precisely because she did not upset any of the army's understood constructs of femininity. See Kathleen Scott, "An Officer and a Lady" (master's thesis, College of William and Mary, 2001).

52. Sarnecky, *History of the U.S. Army Nurse Corps,* 142–48; Lettie Garvin, *American Women in World War I: They Also Served* (Niwot: University Press of Colorado, 1997), 43, 62; Philip A. Kalisch, "How Army Nurses Became Officers," *Nursing Research* 25:3 (May–June 1976): 164–77.

53. Sarnecky, History of the U.S. Army Nurse Corps, 267–69.

54. *Army-Navy Nurses' Act,* ch. 38, *United States Statutes at Large* 61 Stat. 41; Sarnecky, *History of the U.S. Army Nurse Corps,* 290–93; Janann Sherman, " 'They Either Need These Women or They Do Not': Margaret Chase Smith and the Fight for Regular Status for Women in the Military," *Journal of Military History* 54:1 (January 1990): 47–78.

55. By the end of the 1950s, the ANC could have a total of 5 colonels, 107 lieutenant colonels, and an unlimited number of majors. For a discussion of these particular changes, see Jeanne Holm, *Women in the Military: An Unfinished Revolution* (Novato, CA: Presidio Press, 1992), 113–29; Linda Witt et al., *"A Defense Weapon Known to Be of Value": Servicewomen of the Korean War Era* (Hanover, NH: University Press of New England, 2005), 1–30.

56. Bettie J. Morden, *The Women's Army Corps, 1945–1978,* Army Historical Series (Washington, D.C.: Center of Military History, 1990), 182–83, 206–12; Margaret Mead and Frances Balgley Kaplan, eds., *American Women: The Report of the President's Commission on the Status of Women and Other Publications of the Commission* (New York: Charles Scribner's Sons, 1965), 53.

57. U.S. House of Representatives, *Report No. 216: Removing Promotion Restrictions on Women in the Armed Forces, and for Other Purposes,* 90th Cong., 1st sess. (April 27, 1967), 3.

58. Ibid., quotations on 7, 3, combat reference on 5.

59. Paul C. Warnke to John W. McCormack, January 10, 1967, included in House, *Report No. 216,* 9. Also in U.S. Senate, *Report No. 676: Removing Promotion Restrictions on Women in the Armed Forces, and for Other Purposes,* 90th Cong., 1st sess. (October 24, 1967), 5.

60. *Act of Nov. 8, 1967* (Public Law 90-130), *United States Statutes at Large* 81 Stat. 274. For a discussion of the law's overall impact on women in the services, see Holm, *Women in the Military,* 192–203.

61. Dorothy McCardle, "It May Be a Woman with Those 5 Stars," *Washington Post,* November 9, 1967, L1. See also Morden, *The Women's Army Corps,* 214, 216.

62. House, *Report No. 216,* 7. Also in Senate, *Report No. 676,* 3. Mildred Clark remarked that she and several others had hoped the law would have specified general's rank for the ANC chief and that she was disappointed when the law only removed the restrictions on women's rank. Clark, interview by Adams, 221–24.

63. Hays, interview by author; Hays, interview by Carson, 174–75; House, *Report No. 216,* 6–7; Sarnecky, *History of the U.S. Army Nurse Corps,* 329.

64. Frances Spatz Leighton, "War Is Hell When Your Seams Are Crooked," *Chicago Tribune,* June 5, 1970, J18.

65. Cynthia A. Gurney, *33 Years of Army Nursing: An Interview with Brigadier General Lillian Dunlap* (Washington, D.C.: United States Army Nurse Corps, 2001), 177.

66. Barbaralee Diamonstein, "100 Women in Touch with Our Time," *Harper's Bazaar* (January 1971): 104–10.

67. Hays, interview by Carson, 180.

68. Ibid., 182.

69. Several sources cite Westmoreland's statement, including Hays, interview by author; Hays, interview by Carson, 178–79; William C. Westmoreland, *A Soldier Reports* (New York: Doubleday, 1976), 263; and various news articles. For video of the promotion ceremony, see *The First Woman General: BG Anna Mae Hays, USA, Ret.,* prod. Margaret Vining, dir. Kate Scott, 20 min., National Museum of American History, Smithsonian Institution, 1997, videocassette.

70. Fred Farrar, "Kiss Becomes U.S. Protocol in Promotions," *Chicago Tribune,* June 12, 1970, A15.

71. "Brass Takes a Shine to 1st Lady Generals," *Los Angeles Times,* June 12, 1970, 25.

72. "Men, Don't Give up the Ship—Generals Won't Retreat on Minis," *NYT,* June 20, 1970, 34.

73. Leighton, "War Is Hell When Your Seams Are Crooked," J18.

74. Hays, interview by Carson, 184.

75. "First 2 Women Generals in Nation Picked by Nixon," *NYT,* May 16, 1970, 1, 8, quotations on 8; Hays, interview by author; Leighton, "War Is Hell When Your Seams Are Crooked," J18. Hays's successor, Lillian Dunlap, also distanced herself from the

women's movements. At the time of her promotion in 1971, reporters asked her about the connection between her promotion and the Equal Rights Amendment (ERA). Dunlap refused to comment on the ERA during interviews because she feared she would be misquoted or distorted. "I said, 'I hope that I got to be a general because somebody thought I was qualified to be a general.' That would be it. I wouldn't say any more because I wasn't about to get into those dramatic, emotional issues when I could be misquoted." See Gurney, *33 Years of Army Nursing,* 282.

76. Hays, interview by author. General Hoisington was even more forthright in her assertions that the women's rights movement had nothing to do with the opening of ranks to women and other liberalized policies regarding marriage, pregnancy, and admission requirements for the military. She believed that equalizing the military's treatment of men and women undermined the WAC's efforts to create a moral and respectable corps. See Morden, *The Women's Army Corps,* 232–41, 255.

77. Hays, interview by Carson, 175.

78. Rose Mary Burke, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 2, TVA, TTU; Rose Mary Burke, questionnaire by author, May 1, 2004, p. 2, in possession of the author.

79. Lynn Calmes Kohl, in Walker, *A Piece of My Heart,* 235.

80. Saralee McGoran, in Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987), 244.

81. Jeanne Rivera, in Dan Freedman and Jacqueline Rhoads, *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987), 71.

82. Karen "Kay" Johnson Burnette and Donna B. Cull Peck, in Walker, *A Piece of My Heart,* 183.

83. Jill Mishkel, in Marshall, *In the Combat Zone,* 136.

84. Leslie McClusky (pseudonym), in Marshall, *In the Combat Zone,* 52.

85. Bernadette Palya Miller, questionnaire by author, March 29, 2004, p. 2, in possession of author.

86. Ann Powlas, in Marshall, *In the Combat Zone,* 116.

87. Sharon Stanley-Alden, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, pp. 1–2, quotation on 2, TVA, TTU; Sharon Lea Stanley-Alden, questionnaire by author, April 29, 2004, pp. 1–2, in possession of author.

88. Margarethe Cammermeyer and Chris Fisher, *Serving in Silence* (New York: Viking, 1994), 37–38.

89. Burnette and Peck, in Walker, *A Piece of My Heart,* 184.

90. Ibid., 186.

91. Karen Bush, in Freedman and Rhoads, *Nurses in Vietnam,* 77.

92. Joan Waradzyn Thomas, in Freedman and Rhoads, *Nurses in Vietnam,* 147.

93. Mary Messerschmidt, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, pp. 12, TVA, TTU.

94. Constance G. Evans, interview by Kate Scott, November 10, 2003, transcript, pp. 3–6, Women in Military Service to America (WIMSA) Oral History Program, WIMSA archives.

95. Joan Garvert, in Ron Steinman, *Women in Vietnam* (New York: TV Books, 2000), 101. A 1971 study of army nurses' motivations for joining the corps found that 86 percent joined at least in part out of a desire for financial assistance for education; 43 percent of respondents ranked financial assistance as their most important motivation. This

motivational factor outranked all other reasons for joining the ANC. See Glennadee A. Nichols, "Young Nurses' Reasons for Joining, Remaining in, and Leaving the Army," *Military Medicine* 136:9 (September 1971): 718.

96. William J. Brinker, "Nancy Randolph, Army Nurse: 'Ten Thousand Patients in Nine Months [and] All Downhill since Then,'" in *The Human Tradition in the Vietnam Era,* no. 5, The Human Tradition in America, ed. David L. Anderson (Wilmington, DE: Scholarly Resources, 2000), 115.

97. Miller questionnaire, 2, 4.

98. Lottie James (pseudonym), questionnaire by author, April 4, 2004, pp. 2, 4, in possession of author.

99. Marie Rodgers, in Yvonne Latty, *We Were There: Voices of African American Veterans, from World War II to the War in Iraq* (New York: Amistad, 2005), 127.

100. Ibid., 131.

101. Ibid., 130–31. See also "Johnson Signs Bill for Women Generals and Pins Medals on 2 Nurses," *NYT,* November 9, 1967, 3.

102. "The Angels of Saigon," *Ebony* 21:10 (August 1966): 44–46; "Top Nurse in Uniform," *Ebony* 21:11 (September 1966): 50, 52, 54.

103. Rivera, in Freedman and Rhoads, *Nurses in Vietnam,* 72.

104. Ibid., 75.

105. On the mixed messages of Cold War society toward women, see Susan J. Douglas, *Where the Girls Are: Growing up Female with the Mass Media* (New York: Times Books, 1995); Wini Breines, *Young, White, and Miserable: Growing Up Female in the Fifties* (Boston: Beacon Press, 1992); Joanne Meyerowitz, "Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946–1958," in *Not June Cleaver: Women and Gender in Postwar America, 1945–1960,* ed. Joanne Meyerowitz (Philadelphia, PA: Temple University Press, 1994), 229–62.

106. Duane L. Howard, questionnaire by author, April 27, 2004, p. 2, in possession of the author.

107. Billy Storey, interview by author, July 10, 2004, telephone interview, tape recording and transcript, p. 1, TVA, TTU.

108. John M. Evans, Jr., interview by Cindy Houser, March 7, 1992, Temple, TX, p. 1, University of North Texas Oral History Collection (UNT OHC); Robert Guida, questionnaire by author, May 30, 2004, p. 2, in possession of the author; John Girvan, questionnaire by author, June 10, 2004, p. 1, in possession of the author.

109. Dick Hooper, interview by Cindy Houser, May 25, 1992, Temple, TX, p. 3, UNT OHC.

110. Girvan questionnaire, 2.

111. John Sherner, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, p. 1, TVA, TTU.

112. Dick Berry, interview by author, August 12, 2004, telephone interview, tape recording and transcript, pp. 1, 4, quotation on 4, TVA, TTU.

113. Hooper, interview by Houser, 1–3, quotation on 3.

114. Barry Powell, interview by author, July 13, 2004, telephone interview, tape recording and transcript, p. 2, TVA, TTU.

115. Ibid., 2–3.

116. Leo Le Bel, interview by author, July 25, 2004, telephone interview, tape recording and transcript, pp. 1–4, TVA, TTU.

117. Robert A. Lawyer, Sr., interview by Cindy Houser Hess, August 31, 1997, Columbia, SC, pp. 1–2, quotation on 2, UNT OHC.

118. Larry S. Hilliard, interview by Cindy Houser, April 18, 1992, Temple, TX, pp. 2–3, UNT OHC.

119. Tillman E. Barrington, interview by Cindy Houser, May 22, 1992, p. 2, Bell County, TX, UNT OHC.

120. Frank Snell, interview by Angela Klar, October 26, 1989, pp. 1–4, ANC Oral Histories, ANCA.

121. Robert J. Wehner, interview by Cindy Houser, August 22, 1992, Pearsall, TX, p. 4, UNT OHC.

122. Howard questionnaire, 3.

123. Larry Canfield, interview by Cindy Houser, February 22, 1992, p. 2, Temple, TX, UNT OHC; J. M. Evans, interview by Houser, 2–4; C. G. Hausser, interview by Cindy Houser, March 8, 1992, Copperas Cove, TX, p. 1, UNT OHC; Oscar S. Houser, interview by Cindy Houser, February 23, 1992, Temple, TX, pp. 2–3, UNT OHC.

124. Martha Kuhns, interview by author, May 1, 2004, Salt Lake City, UT, tape recording and transcript, p. 9, TVA, TTU.

125. Mary Stout, in Marshall, *In the Combat Zone,* 84.

126. Powlas, in Marshall, *In the Combat Zone,* 116–17.

127. D. Evans, interview by author, 16, 22, quotation on 22.

128. Images of enlisted women, like the army's regulations concerning them, differ significantly from those of officer women. For overviews of the images and regulations about enlisted women, see Judith Hicks Stiehm, *Arms and the Enlisted Woman* (Philadelphia, PA: Temple University Press, 1989); Meyer, *Creating G.I. Jane.*

129. Stanley-Alden, interview by author, 8.

130. Kathleen Splinter, in Steinman, *Women in Vietnam,* 131–32.

131. Ibid., 134–35, quotation on 135.

132. Adams, in Marshall, *In the Combat Zone,* 206.

133. Annee Yazzie Coots, interview by Kate Scott, September 27, 2003, transcript, pp. 3–4, WIMSA Oral History Program, WIMSA archives.

134. Judy Hartline Elbring, in Steinman, *Women in Vietnam,* 140.

135. Christine McGinley Schneider, in Walker, *A Piece of My Heart,* 43–44; McGoran, in Marshall, *In the Combat Zone,* 243, 245.

136. Elizabeth Allen, in Latty, *We Were There,* 93.

137. McClusky, in Marshall, *In the Combat Zone,* 52.

138. Barbara Price, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, pp. 3–8, TVA, TTU; news clipping, ANC in Vietnam, General Subject Files, 1960–1969, RG 112, NACP.

139. Powlas, in Marshall, *In the Combat Zone,* 117.

140. Cheryl M. "Nicki" Nicol, in Walker, *A Piece of My Heart,* 351.

141. Mary L. Banigan, questionnaire by author, March 14, 2004, p. 2, in possession of the author.

142. Rose Sandecki, in Walker, *A Piece of My Heart,* 11.

143. Ibid., 11–12.

144. Allen, in Latty, *We Were There,* 93.

145. Brinker, "Nancy Randolph, Army Nurse," 116.

146. Bush, in Freedman and Rhoads, *Nurses in Vietnam,* 79.

147. Nancy Margaret Christ, questionnaire by author, June 13, 2004, p. 5, in possession of the author.

148. Adams, in Marshall, *In the Combat Zone,* 207.

149. Burnette and Peck, in Walker, *A Piece of My Heart,* 188.

150. Ibid., 204.

151. Curts, interview by author, 2.

152. Ibid., 6.

153. Jim Sokoloski, interview by Annie Okubo, September 23, 1989, p. 3, ANC Oral Histories, ANCA.

154. Le Bel, interview by author, 16.

155. A 1962 ANC study of motivational factors determined that of the four male nurses surveyed, "Their reason for enlistment is first and foremost to avoid the draft. Their reasons for reenlistment revolve about such considerations as relative standards of living, relative status, and relative long run security in the Army and civilian life." Dancer-Fitzgerald-Sample, "Study of Motivations for and against Joining the Army Nurse Corps," #62405, November 1962, 4; 705-05 Recruiting Publicity Campaign FY 63 Files, Recruiting Publicity Campaign Materials, 1950–1967, RG 319, NACP.

156. Guida questionnaire, 2; Sherner, interview by author, 2; Sokoloski, interview by Okubo, 3; Le Bel, interview by author, 16–17; Powell, interview by author, 3–4; Lawyer, interview by Hess, 3.

157. Hilliard, interview by Houser, 63.

158. This sample is somewhat skewed toward those who remained in the ANC after the Vietnam War. Several of the men I interviewed or received questionnaires from I initially met in San Antonio in 2004 at the Army Nurse Corps Association Convention. This association comprises those who are active or retired army nurses. Hess's sample appears to be mainly the acquaintances of Oscar Houser; he knew these men from his various army assignments. The four men whose interviews were in the ANC Archives were interviewed as part of the Senior Officer Oral History Program and were chosen because they had remained in the ANC and become senior officers. Still, it appears that men remained in the army for their careers at a higher rate than women did. In 1971, a study of army nurses' reasons for remaining in or leaving the corps found that 32 percent of men interviewed intended to remain in the corps beyond their initial commitment, compared with 13 percent of women. See Nichols, "Young Nurses' Reasons for Joining," 720.

159. Storey, interview by author, 30.

160. Wehner, interview by Houser, 29.

161. D. Evans, interview by author, 5.

162. Ibid., 18.

163. Bush, in Freedman and Rhoads, *Nurses in Vietnam,* 81.

164. Allen, in Steinman, *Women in Vietnam,* 84–85.

165. Fact book, May 24, 1971, 314.7 History, Vietnam, Fact Sheet Status, ANC in Vietnam, ANCA.

166. Maude M. Smith, *End of Tour Report,* June 11, 1971, p. 6, 314.7 History, Vietnam, Deployment Issues, ANCA.

167. Ibid., 8.

168. Kohl, in Walker, *A Piece of My Heart,* 235–36, quotation on 236.

169. Susan Procopio Cartwright, questionnaire by author, May 4, 2004, pp. 2, 4, 14, in possession of the author.

170. The ANC guaranteed that registered nurses who joined the corps after May 1963 could choose their first assignment, which meant that they could avoid an assignment to the war if they chose. It made no such guarantee to those who joined through the Army Student Nurse Program, the corps' main source of nurses, which made Vietnam as likely an assignment as any. Marie K. Ellifritz, "History of Operation Nightingale," 341 Recruitment (Operation Nightingale, folder 4), ANCA.

CHAPTER THREE: "A wonderful, horrible experience"

Epigraph: Judy Hartline Elbring, in Ron Steinman, *Women in Vietnam* (New York: TV Books, 2000), 144.

1. Arthur Veysey, "Here's Why Nurses Like Viet," *Chicago Tribune,* May 26, 1965, 12.

2. Many works discuss the importance of clearly defined gender roles for the military, particularly in wartime. The two foremost scholars in the field outline the basis for other studies. Jean Bethke Elshtain argues that women's roles in wars have historically fit into four categories: victim/instigator, camp followers, supporters of war who do not violate gender norms, and androgynous warriors. All of these categories uphold the separation between men's and women's roles in wars. Cynthia Enloe argues that the separation of femininity and masculinity is essential to militaries and war making, because both affirm masculinity and preserve the masculine domain over claims to citizenship. See Jean Bethke Elshtain, *Women and War* (New York: Basic Books, 1987); Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End Press, 1983), and *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000). Other important works on gender and militarism include Linda Grant DePauw, *Battle Cries and Lullabies: Women in War from Prehistory to the Present* (Norman: University of Oklahoma Press, 1998); Joshua S. Goldstein, *War and Gender: How Gender Shapes the War System and Vice Versa* (Cambridge: Cambridge University Press, 2001); Melissa S. Herbert, *Camouflage Isn't Only for Combat: Gender, Sexuality, and Women in the Military* (New York: New York University Press, 1998); Linda K. Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America,* Institute of Early American History (Chapel Hill: University of North Carolina Press, 1980); Leisa D. Meyer, *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps During World War II* (New York: Columbia University Press, 1996); Craig M. Cameron, *American Samurai: Myth, Imagination, and the Conduct of Battle in the First Marine Division, 1941–1951* (Cambridge: Cambridge University Press, 1994).

3. Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945,* Cambridge History of Medicine (Cambridge: Cambridge University Press, 1987); Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia, PA: Temple University Press, 1982); Susan Gelfand Malka, *Daring to Care: American Nursing and Second-Wave Feminism* (Urbana: University of Illinois Press, 2007), especially chapters 1–5; Susan Rimby Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946–1986,* American University Studies, series 27, Feminist Studies, vol. 5 (New York: Peter Lang, 1996), especially chapter 3; Susanne Teepe Gaskins, "G.I. Nurses at War: Gender and Pro-

fessionalization in the Army Nurse Corps during World War II" (Ph.D. dissertation, University of California, Riverside, 1994); Lyndia Flanagan, ed., *One Strong Voice: The Story of the American Nurses Association* (Kansas City, MO: Lowell Press, 1976).

4. American Nurses Association (ANA), *Facts About Nursing* (New York: Nursing Information Bureau of the ANA, 1964), 10; *Facts About Nursing* (1967), 10; *Facts About Nursing* (1972–1973), 10.

5. Anna Mae Hays, memorandum for Department of Defense Nursing Advisory Committee, June 21, 1968, p. 1; "Army Nurse Corps Information Prepared for Department of Defense Nursing Advisory Council," October 5, 1970, attached to minutes of the meeting, October 5, 1970; "ANC Data for DOD Nursing Advisory Committee," all in 314.7 History, Vietnam, DOD Nursing Advisory Committee Documentation, Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, Virginia (ANCA); ANA, *Facts About Nursing* (1968), 12.

6. Mildred Clark, interview by Nancy R. Adams, 1986, transcript, p. 243, Project 86-2, U.S. Army Military History Institute, Carlisle Barracks, PA (USAMHI); minutes of the meeting, October 5, 1970, pp. 4–5, 8, 314.7 History, Vietnam, DOD Nursing Advisory Committee Documentation, ANCA.

7. Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps,* Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1999), 290, 398.

8. Hays, memorandum for Department of Defense Nursing Advisory Committee, 1; "ANC Data for DOD Nursing Advisory Committee"; "Army Nurse Corps Information Prepared for Department of Defense Nursing Advisory Council."

9. ANA, *Facts About Nursing* (1970–1971), 81.

10. Cynthia A. Gurney, *33 Years of Army Nursing: An Interview with Brigadier General Lillian Dunlap* (Washington, D.C.: United States Army Nurse Corps, 2001), 153–54. Requiring all nurses to have a baccalaureate degree would have also significantly reduced the army's costs in the bootstrap program. Instead of pulling lower-ranking diploma nurses from duty to attend school, the ANC would then be able to focus on furthering the graduate education of higher-ranking nurses. Memorandum for Assistant Secretary of Defense (Health and Environment), "Procurement and Qualifications of Nurses," [1972], 3; ANC Nurse Procurement and Training, General Subject Files, 1970–1979, Records of the Army Staff, RG 319, National Archives at College Park, College Park, MD (NACP).

11. AR 601-139 in Rose V. Straley, "ANC Information Sheet Prepared for Brigadier General Milburn," January 14, 1964, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA.

12. Gurney, *33 Years of Army Nursing,* 231.

13. Straley, "ANC Information Sheet Prepared for Brigadier General Milburn," 9.

14. Quotation in Clark, interview by Adams, 229, also 228–32, 238–39; Army Regulation No. 601-235, "Walter Reed Army Institute of Nursing Program," December 23, 1965, 341 Recruitment (1966); fact sheet, March 12, 1969, 341 Recruitment (1966), ANCA; Iladene H. Filer, interview by Cynthia F. Brown, November 7, 1998, ANC Oral History Program, ANCA; Hal B. Jennings, Jr., *A Decade of Progress: The United States Army Medical Department, 1959–1969* (Washington, D.C.: Government Printing Office, 1971), 97–99; Sarnecky, *History of the U.S. Army Nurse Corps,* 323–28; Hays, memorandum for Department of Defense Nursing Advisory Committee, 1; "ANC Data for DOD Nursing Advisory Committee."

15. Clark, interview by Adams, 241.

16. Gurney, *33 Years of Army Nursing,* 157–59, 231; "White House Fact Sheet," January 24, 1966, and "Personnel Procurement," both in 341 Recruitment (1966), ANCA; Anna Mae Hays, interview by Amelia Jane Carson, February 23, 1983, transcript, pp. 108–11, Project 83-10, USAMHI; Clark, interview by Adams, 232–38, 241–42; Sarnecky, *History of the U.S. Army Nurse Corps,* 329–30; Barbara F. Kishpaugh, interview by Wynona Bice-Stephens and Susan Steinfeld, May 13, 1988, pp. 58–60, ANC Oral Histories, ANCA. On the class, racial, and gendered dimensions to associate degree programs, see Nona Y. Glazer, " 'Between a Rock and a Hard Place': Women's Professional Organizations in Nursing and Class, Racial, and Ethnic Inequalities," *Gender and Society* 5:3 (September 1991): 351–72; Clark, interview by Adams, 236–37.

17. News release "ANC Requirements Changed," June 2, 1971, Army Nurse Corps Historical Information, General Subject Files, 1960–1969, Records of the Office of the Surgeon General (Army), RG 112, NACP.

18. Sarnecky, History of the U.S. Army Nurse Corps, 385; Gurney, 33 Years of Army Nursing, 229–36.

19. Malka, *Daring to Care;* Leighow, *Nurses' Questions/Women's Questions,* especially chapter 3; Flanagan, *One Strong Voice,* 183–86, 238–60.

20. Gurney, *33 Years of Army Nursing,* 152–53, quotation on 153.

21. Ibid., 154.

22. "Nurses Are Different . . . Why," *Family,* April 19, 1972, 26.

23. Gurney, 33 Years of Army Nursing, 208.

24. Sixty percent of nurses assigned to Vietnam had less than six months' active duty experience. Spurgeon Neel, *Medical Support of the U.S. Army in Vietnam, 1965–1970* (Washington, D.C.: Government Printing Office, 1973), 144. See also Anna Mae Hays, "Major Medical Units, US Army, Vietnam; Orientation to Nursing Service," December 20, 1965–January 7, 1966, File 904-07 Viet Nam (correspondence) 1966 folder, Vietnam Correspondence, Army Nurse Corps Papers, USAMHI; Sarnecky, *History of the U.S. Army Nurse Corps,* 376.

25. *Army Medical Service Activities Report,* USARV, 67th Evac Hospital, Medical Unit Annual Reports, 1960–1969, RG 112, NACP, 16.

26. The official title of the chief nurse in Vietnam was United States Army, Republic of Vietnam chief nurse, or USARV chief nurse. Beginning in 1971, under the army's reorganization during the withdrawal of troops, the title changed to nursing consultant, medical command, Vietnam, or nursing consultant MEDCOMV. In the interest of readability, I use the phrase "chief nurse in Vietnam" throughout.

27. Patricia T. Murphy, *End of Tour Report,* January 15, 1971, p. 3, 314.7 History, Vietnam, End of Tour Report, Murphy, Patricia 1971, ANCA.

28. Sharon Stanley-Alden, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 15, The Vietnam Archive, Texas Tech University (TVA, TTU).

29. Jennifer Lundberg, interview by author, March 23, 2004, Tampa, FL, tape recording and transcript, p. 32, TVA, TTU.

30. Peggy Mikelonis, interview by author, December 22, 2003, Tampa, FL, tape recording and transcript, pp. 13, 18, TVA, TTU.

31. Quoted in Richard Burks Verrone and Laura M. Calkins, *Voices from Vietnam: Eye-Witness Accounts of the War, 1954–1975* (Newton Abbot, UK: David and Charles, 2005), 153.

32. See Diane Corcoran, in Olga Gruhzit-Hoyt, *A Time Remembered: American Women in the Vietnam War* (Novato, CA: Presidio Press, 1999), 45; Emily Woods (pseudonym), questionnaire by author, April 15, 2004, p. 6, in possession of the author; Barbara Price, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, pp. 12–13, TVA, TTU; Lois Johns, in Dan Freedman and Jacqueline Rhoads, *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987), 46–47; Lily Jean (Lee) Adams, in Steinman, *Women in Vietnam,* 60–62.

33. David M. Berman, "Interviews with Two Vietnam Veterans: Welcome Home," *Vietnam Generation* 1:3–4 (1989): 52–53, 57, quotations on 53.

34. Tiger (pseudonym), questionnaire by author, March 10, 2004, p. 6, in possession of the author.

35. Jacqueline Navarra Rhoads, in Freedman and Rhoads, *Nurses in Vietnam,* 21–22, quotation on 21.

36. Deanna McGookin, in Freedman and Rhoads, *Nurses in Vietnam,* 100–101.

37. Martha Kuhns, interview by author, May 1, 2004, Salt Lake City, UT, tape recording and transcript, pp. 9–10, TVA, TTU.

38. Jeanne Rivera, in Freedman and Rhoads, *Nurses in Vietnam,* 68.

39. Ibid., 73.

40. Price, interview by author, 13. For further discussion of nurses' postwar career choices and the impact the war had on their professional lives, see Elizabeth M. Norman, "After the Casualties: Vietnam Nurses' Identities and Career Decisions," *Nursing Research* 41:2 (March/April 1992): 110–13.

41. Paula Ann Noonan Quindlen, questionnaire by author, March 20, 2004, p. 11, in possession of author.

42. Mary O'Brien (pseudonym), questionnaire by author, June 5, 2004, pp. 10–11, in possession of the author.

43. Kathleen Splinter, in Steinman, *Women in Vietnam,* 134.

44. Anne N. Philiben, in Gruhzit-Hoyt, *A Time Remembered,* 9, 11.

45. Corcoran, in Gruhzit-Hoyt, *A Time Remembered,* 47–48.

46. Berman, "Interviews with Two Vietnam Veterans," 51.

47. Elizabeth Allen, in Yvonne Latty, *We Were There: Voices of African American Veterans, from World War II to the War in Iraq* (New York: Amistad, 2005), 93.

48. Shirley A. Purcell, interview by Sharon I. Richie, November 16, 1987, transcript, p. 11, ANC Oral Histories, ANCA.

49. Pat Johnson, in Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987), 54.

50. Duane Noriyuki, "Women Who Served in Vietnam Honored," *St. Paul Pioneer Press,* September 6, 1993, 1C.

51. McGookin, in Freedman and Rhoads, *Nurses in Vietnam,* 93–94.

52. Jill Mishkel, in Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987), 136. See also Jill Ann Mishkel, in Walker, *A Piece of My Heart,* 121–22.

53. Christine McGinley Schneider, in Walker, *A Piece of My Heart,* 50.

54. Mikelonis, interview by author, 6.

55. Robert J. Wilensky, *Military Medicine to Win Hearts and Minds: Aid to Civilians in the Vietnam War* (Lubbock: Texas Tech University Press, 2004), 78–79, quotation on 102; Neel, *Medical Support of the U.S. Army in Vietnam,* 164–66; Sarnecky, *History of the U.S.*

Army Nurse Corps, 340–44. On the military's use of civilian aid programs as war tactics—what Joseph S. Nye, Jr., termed "soft power"—see *Bound to Lead: The Changing Nature of American Power* (New York: Basic Books, 1990) and *Soft Power: The Means To Success In World Politics* (New York: Public Affairs, 2004). On this idea in the Vietnam era, see Michael E. Latham, *Modernization as Ideology: American Social Science and "Nation Building" in the Kennedy Era,* New Cold War History (Chapel Hill: University of North Carolina Press, 2000); Donna Alvah, *Unofficial Ambassadors: American Military Families Overseas and the Cold War, 1946–1965* (New York: New York University Press, 2007); Elizabeth Cobbs Hoffman, *All You Need Is Love: The Peace Corps and the Spirit of the 1960s* (Cambridge, MA: Harvard University Press, 1998).

56. As Donna Alvah writes in her history of American military families stationed abroad in the Cold War, "images of servicemen with children and women more effectively connoted alliances grounded in compassion and the desire for international peace." Alvah, *Unofficial Ambassadors,* 57.

57. Mary L. Banigan, questionnaire by author, March 14, 2004, p. 7, in possession of the author.

58. Mikelonis, interview by author, 12.

59. Karen Bush, in Freedman and Rhoads, *Nurses in Vietnam,* 88.

60. Elbring, in Steinman, *Women in Vietnam,* 150–51.

61. Lorraine Boudreau, in Freedman and Rhoads, *Nurses in Vietnam,* 27.

62. Rose Mary Burke, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 9, TVA, TTU.

63. Lily (Lee) Adams, in Marshall, *In the Combat Zone,* 215–16, quotation on 216.

64. Laura Radnor, in Freedman and Rhoads, *Nurses in Vietnam,* 132.

65. Rhoads, in Freedman and Rhoads, *Nurses in Vietnam,* 16.

66. Margarethe Cammermeyer, interview by Laura M. Calkins, March 30, 31, April 5, 2004, telephone interview, transcript, p. 41, TVA, TTU.

67. Anne Simon Auger, in Walker, *A Piece of My Heart,* quotation on 99–100.

68. William J. Brinker, "Nancy Randolph, Army Nurse: 'Ten Thousand Patients in Nine Months [and] All Downhill since Then,'" in *The Human Tradition in the Vietnam Era,* no. 5, The Human Tradition in America, ed. David L. Anderson (Wilmington, DE: Scholarly Resources, 2000), 119–120, quotation on 119.

69. Mary Reynolds Powell, *A World of Hurt: Between Innocence and Arrogance in Vietnam* (Chesterland, OH: Greenleaf Enterprises, 2000), 29.

70. Lundberg, interview by author, 22–23.

71. Powell, *A World of Hurt,* 37.

72. McVicker, in Walker, *A Piece of My Heart,* 149–50, quotation on 150; see also Sara J. McVicker, questionnaire by author, July 3, 2004, p. 5, in possession of the author.

73. *Army Medical Service Activities Report,* USARV, 71st Evac Hospital, Medical Unit Annual Reports, 1960–1969, RG 112, NACP; Clark, interview by Adams, 218–19; Lynda Van Devanter with Christopher Morgan, *Home Before Morning: The Story of an Army Nurse in Vietnam* (New York: Beaufort Books, 1983), 159–61, 182–83. For press coverage of the 1969 Thanksgiving Day fast, see Ralph Blumenthal, "Protesting G.I.'s in Pleiku to Fast on Thanksgiving," *New York Times* (*NYT*), November 24, 1969, 3; Ralph Blumenthal, "100 G.I.'s in Pleiku Fast for Holiday," *NYT,* November 28, 1969, 18; Lawrence Van Gelder, "Repasts, Rock and Big Parade on Thanksgiving Day Menu," *NYT,* November 27, 1969, 51.

74. Boudreau, in Freedman and Rhoads, *Nurses in Vietnam,* 32.

75. Paul Fussell, *Wartime: Understanding and Behavior in the Second World War* (Oxford: Oxford University Press, 1989), 79–83.

76. Tiger questionnaire, 8.

77. Barbara J. Price, questionnaire by author, n.d. [2004], p. 8, in possession of author.

78. Barbara E. Lane, *End of Tour Report,* May 30, 1972, p. 7, 314.7 History, Vietnam, End of Tour Report, 1972, ANCA.

79. Murphy, *End of Tour Report;* Maude M. Smith, *End of Tour Report,* June 11, 1971, p. 6, 314.7 History, Vietnam, Deployment Issues, ANCA. Also see Patricia T. Murphy, transcript of speech by Colonel Patricia Murphy on the role of the nurse in Vietnam, ANC Oral Histories, ANCA. On resistance by military personnel during Vietnam, see David Cortright, *Soldiers in Revolt: GI Resistance During the Vietnam War* (Chicago: Haymarket Books, 2005); Richard R. Moser, *The New Winter Soldiers: GI and Veteran Dissent During the Vietnam Era,* Perspectives in the Sixties (New Brunswick, NJ: Rutgers University Press, 1996).

80. Jane Hodge, in Walker, *A Piece of My Heart,* 275.

81. Kate O'Hare Palmer, interview by author, December 11, 2003, San Francisco, CA, and March 21, 2006, telephone interview, tape recordings, in possession of the author.

82. Patricia Stemm, interview by Eily P. Gorman, May 24, 1992, transcript, p. 6, ANC Oral Histories, ANCA.

83. Hodge, in Walker, *A Piece of My Heart,* 275.

84. Elbring, in Steinman, *Women in Vietnam,* 151.

85. Mary Stout, in Marshall, *In the Combat Zone,* 91.

86. Rivera, in Freedman and Rhoads, *Nurses in Vietnam,* 67, 68.

87. Quoted in Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Viking, 2000), 202.

88. Diane Carlson Evans, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 6, TVA, TTU.

CHAPTER FOUR: "Helmets and hair curlers"

Epigraph: James W. Blunt, Jr., to Mildred Irene Clark, July 16, 1965, p. 2, 314.7 History, Vietnam, Correspondence of LTC Clark, Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, Virginia (ANCA).

1. The *Washington Post* donated a galley proof of the cartoon to the ANC Archives in 1968. The ANC historian in 1977 remarked that she wanted to use the cartoon in a history of the ANC in the Vietnam era, "but the men nurses might not take kindly to the thought." She excused Schultz as "an old Navy man" and noted that she was "sure he didn't know there were men in the ANC during VN [Vietnam] War!" Quotations in Dottie Z to Maureen, July 22, 1977. See also routing and transmittal slip, June 20, 1977, both in F4 Recruiting F4-04-01 Snoopy Kisses ANC, ANCA.

2. Althea Williams, *End of Tour Report,* January 16, 1969, [unpaginated] 314.7 History, Vietnam, End of Tour Report, COL Althea Williams 1969, ANCA.

3. Eddie Adams, "Helmets and Hair Curlers," *Evening Star* (Washington, D.C.), February 21, 1966, A-8, news clipping, ANC in Vietnam, General Subject Files, 1960–1969, Records of the Surgeon General (Army), RG 112, National Archives at College Park, College Park, MD (NACP).

4. "Lessons Learned Special Interview (Professional)" June 14, 1967, pp. 3–4, AMEDD Health Service Command Topical Project, U.S. Army Military History Institute, Carlisle Barracks, PA (USAMHI). On the importance of uniforms to the military's understanding of women, see Elizabeth L. Hillman, "Dressed to Kill? The Paradox of Women in Military Uniforms," in *Beyond Zero Tolerance: Discrimination in Military Culture,* eds. Mary Fainsod Katzenstein and Judith Reppy (New York: Rowman and Littlefield, 1999), 65–80; Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000), 261–72.

5. Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps: Studies in Health, Illness, and Caregiving* (Philadelphia: University of Pennsylvania Press, 1999), 334. On the various uniforms of women in the war, see Shelby Stanton, *U.S. Army Uniforms of the Vietnam War* (Harrisburg, PA: Stackpole Books, 1992).

6. Margaret Harper to Louise Bitter, April 27, 1962, p. 1; Louise F. Bitter to Margaret Harper, May 10, 1962, p. 2; Josephine Krumanocker to Margaret Harper, August 1, 1963, p. 1, all in 314.7 History, Vietnam, Correspondence 1962–1968, ANCA; Anna Mae Hays to Margaret G. Clarke, February 23, 1965, p. 1, 314.7 History, Vietnam, Correspondence of LTC Clarke, ANCA; Sarnecky, *History of the U.S. Army Nurse Corps,* 360.

7. Anna Mae Hays to Marian A. Tierney, June 17, 1966, File 904-07 Viet Nam (correspondence) 1966, Vietnam Correspondence, 8th Field Hospital 1962–1963, Vietnam Daily Log of LTC Anna Everett; "Uniforms and Insignia," Army Nurse Corps—Uniforms, Insignia, Artifacts, 1969–1985, both in the Army Nurse Corps Papers, USAMHI.

8. Patricia T. Murphy to Anna Mae Hays, February 14, 1970, p. 2, 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

9. "Lessons Learned Special Interview (Administrative)," June 14, 1967, p. 44, 314.7 History, Vietnam, Lessons Learned Special Interview (Administrative), 1967, ANCA.

10. Commanding General, U.S. Army, Republic of Vietnam, Long Binh Joint Messageform to Commanding General, USAMMA Phoenixville, Pennsylvania, June 10, 1969, pp. 1–2, 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

11. CINCUSARPAC Hawaii Joint Messageform to Commanding General, U.S. Army, Republic of Vietnam, Long Binh, December 1969; James H. Lindahl to Commanding Officer, 68th Medical Group, August 21, 1969; James H. Lindahl to Commanding Officer, 43rd Medical Group, August 21, 1969; "Questionnaire Results of Wear Test—Jungle Fatigue Hat," all in 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

12. Commanding General, U.S. Army, Republic of Vietnam Joint Messageform to Commanding General, USAMMA, Phoenixville, Pennsylvania, June 10, 1969, p. 2, 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

13. CINCUSARPAC Joint Messageform to Commanding General, 3; Murphy to Hays, 1.

14. CINCUSAPAC Joint Messageform to DA 20310, December 1969, 314.7 History, Vietnam, Correspondence 1969–1973, ANCA; Murphy, *End of Tour Report.*

15. Paul D. Harkins to J. L. Richardson, March 5, 1964, 341 Recruitment (1964), ANCA.

16. Mildred Clark to Delk M. Oden, September 10, 1964; Mildred Clark to Mary D. Clark, September 11, 1964; Delk M. Oden to Mildred Clark [n.d.], all in 314.7 History, Vietnam, Correspondence 1962–1968, ANCA.

17. Memorandum, "Army Nurse Corps Information," February 2, 1966, pp. 3–4, 314.7 History, Vietnam, Army Nurse Corps Information, 2 February 1966, ANCA.

18. Letter from Nellie L. Henley [n.d, during Henley's tenure as chief nurse from January 1969 to January 1970] and "Additional Guidelines for Army Nurse Corps Officers" [n.d.], both in 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

19. Nurses at the 8th Field Hospital had the option of wearing the white uniform in late 1968. Navy nurses who served on the U.S.S. *Repose* and U.S.S. *Sanctuary* also wore the white uniform. See Sarnecky, *History of the U.S. Army Nurse Corps,* 334, 347, 356–57, 360, 498 n. 129; Elizabeth Norman, *Women at War: The Story of 50 Military Nurses Who Served in Vietnam* (Philadelphia: University of Pennsylvania Press, 1990), 15, 18, 20, 69, 162–63; Margaret Shea Bond, interview by Mary Jo Kastleman, May 23, 1992, transcript, p. 4, ANC Oral History Program, ANCA; Murphy to Hays; M. I. Clark to M. D. Clark; Violet D. Nemky to Anna Mae Hays, December 2, 1968, in Anna Mae Hays *Report of Visit* to Deputy Surgeon General, March 3, 1969, enclosure 5, 314.7 History, Vietnam, Col. Hays visit to Major Medical Units, 1968, ANCA; Marion L. Minter, "Lessons Learned Briefing," April 24, 1973, p. 4, 314.7 History, Vietnam, End of Tour Report, LTC Marion Minter, 24 April 1973, ANCA.

20. Quotation from Marion L. Minter, *End of Tour Report,* February 20, 1973, p. 2, 314.7 History, Vietnam, Monthly Reports 1973, ANCA; Marion Minter, interview by Connie Slewitzke, May 21, 1992, transcript, pp. 12–13, and Marion L. Minter, "Lessons Learned Briefing—Vietnam," April 24, 1973, pp. 6–7, both in ANC Oral Histories, ANCA.

In 1972, nurses at the U.S. Army Hospital Saigon (formerly the 3rd Field Hospital) continued to wear the white uniform. However, the U.S. Army Hospital Pleiku was staffed only by men because of security concerns, so it seems highly unlikely that the nurses there would have worn it. Two chief nurses in Vietnam noted that later in the year, nurses arrived without white uniforms and none were available in Vietnam. See Barbara E. Lane, *End of Tour Report,* May 30, 1972, 314.7 History, Vietnam, End of Tour Report, 1972, ANCA; Marion L. Minter to Edith M. Nuttall, September 15, 1972, p. 3, 314.7 History, Vietnam, General Correspondence from Vietnam, ANCA; Barbara E. Metcalf memorandum to Edith M. Nuttall, August 4, 1972, and Barbara E. Metcalf memorandum to Edith M. Nuttall, October 3, 1972, both in 314.7 History, Vietnam, ANC Strength in RVN, ANCA; Minter, "Lessons Learned Briefing," 4.

21. Quotation in Catherine Betz, interview by Mary Sarnecky, May 23, 1992, transcript, p. 7, ANC Oral History Program, ANCA. See also Althea E. Williams, "Extracts of Reports Presented at Chief Nurses Conference, 44th Medical Brigade," p. 7, 314.7 History, Vietnam, 44th Medical Brigade, Chief Nurses' Conference, Extracts, ANCA.

22. "Uniforms," in Jennie L. Caylor, *End of Tour Report,* 314.7 History, Vietnam, Deployment Issues, ANCA; Jennie L. Caylor to Lillian Dunlap, September 18, 1967, pp. 5–6, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA; letter from Barbara [Lane] attached to Barbara E. Lane to Edith M. Nuttall, January 4, 1972, in 314.7 History, Vietnam, ANC Strength, 1 January 1972, ANCA.

23. Caylor to Dunlap, 5–6.

24. Connie Slewitzke, self-questionnaire, January 11, 1993, p. 10, ANC Oral Histories, ANCA.

25. Julia Decker, interview by Connie Slewitzke, May 24, 1992, transcript, p. 5; Clarine Weighill, interview by Connie Slewitzke, May 23, 1992, transcript, p. 2, both in ANC Oral Histories, ANCA.

26. Edward J. Costello to L. O'Connor, December 7, 1967, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA.

27. Letter from E. S. Chapman, "Feasibility of Standardizing the Hospital Duty Uniform of Women ANC Officers Serving in USARV," October 11, 1968, in Hays, *Report of Visit,* enclosure 5.

28. Spurgeon Neel to Chief Surgeon, US Army Pacific, December 16, 1968, in Hays, *Report of Visit,* enclosure 5.

29. All in "Remarks on Wearing White Nurses' Uniform," in Hays, *Report of Visit,* enclosure 5. Chief Hays had commented in 1966 that "the white uniform has a remarkable effect on the morale of patients." See Anna Mae Hays, "Major Medical Units, US Army, Vietnam; Orientation to Nursing Service," December 20, 1965–January 7, 1966, File 904-07 Viet Nam (correspondence) 1966 folder, Vietnam Correspondence, Army Nurse Corps Papers, USAMHI.

30. All quotations in disposition form, subject: "White duty uniform for Army Nurse Corps Personnel in Vietnam," November 23, 1968, 314.7 History, Vietnam, Uniforms, ANCA.

31. All quotations in ibid.

32. Murphy to Hays, 2. See also Murphy, *End of Tour Report;* Maude M. Smith, *End of Tour Report,* June 11, 1971, p. 6, 314.7 History, Vietnam, Deployment Issues, ANCA; Fact book, May 24, 1971, 314.7 History, Vietnam, Fact Sheet Status, ANC in Vietnam, ANCA; Sarnecky, *History of the U.S. Army Nurse Corps,* 347; Barbara Kishpaugh, interview by Connie Slewitzke, May 23, 1992, transcript, p. 8, ANC Oral Histories, ANCA.

33. Ann Antonicci, interview by Connie L. Slewitzke, January 11, 1993, transcript, p. 2, ANC Oral History Program, ANCA.

34. The Medical Specialist Corps included physical and occupational therapists and dietitians. The remarks contain only one comment that specifically says men and women should wear the same uniform: "I am in favor of wearing white uniform both male and female since we function at the 3d Field Hospital on a stateside level." All in "Remarks on Wearing White Nurses' Uniform" in Hays, *Report of Visit,* enclosure 5.

35. Elizabeth Allen, in Ron Steinman, *Women in Vietnam* (New York: TV Books, 2000), 93.

36. For the 85th Evacuation Hospital and the 36th Evacuation Hospital, see Madelyn N. Parks, interview by Theresa Washburn, July 27, 1992, transcript, p. 9, and Slewitzke self-questionnaire, p. 9, both in ANC Oral Histories, ANCA.

37. Betz, interview by Sarnecky, 11.

38. Virginia Knox, interview by Connie Slewitzke, October 1992, transcript, p. 20, ANC Oral Histories, ANCA.

39. "Girls Will Be Girls," Release number 9-77, ANC in Vietnam, General Subject Files, 1960–1969, RG 112, NACP.

40. Billy Storey, interview by author, July 10, 2004, telephone interview, tape recording and transcript, p. 29, The Vietnam Archive, Texas Tech University (TVA, TTU).

41. Jim Sokoloski, interview by Annie Okubo, September 23, 1989, transcript, pp. 6, 9–10, ANC Oral Histories, ANCA.

42. Barbara F. Kishpaugh, interview by Wynona Bice-Stephens and Susan Steinfeld, May 13, 1988, transcript, p. 91, ANC Oral Histories, ANCA.

43. Duane L. Howard, questionnaire by author, April 27, 2004, p. 5, in possession of the author.

44. See Dolores Vaz, "High School Senior Boys' Attitudes Toward Nursing as a Career," *Nursing Research* 17:6 (November–December 1968): 533–38; Emily Greenberg and

Burton Levine, "Role Strain in Men Nurses: A Preliminary Investigation," *Nursing Forum* 10:4 (1971): 416–30; Patricia J. Bush, "The Male Nurse: A Challenge to Traditional Role Identities," *Nursing Forum* 15:4 (1976): 390–405; Jean Aldag and Cheryl Christensen, "Personality Correlates of Male Nurses," *Nursing Research* 16:4 (Fall 1967): 375–76; Jean Kerz Aldag, "Male Nurse Interest and Personality Characteristics" (Ph.D. diss., Washington University, 1969).

Kathleen Barry's work on male flight attendants offers useful comparisons to the experiences of men in another femininely gendered occupation. Kathleen M. Barry, *Femininity in Flight: A History of Flight Attendants,* Radical Perspectives (Durham, NC: Duke University Press, 2007), 53–58, 166, 217–18.

45. Leo Le Bel, interview by author, July 25, 2004, telephone interview, tape recording and transcript, p. 4, TVA, TTU.

46. Mildred Clark, interview by Nancy R. Adams, 1986, transcript, p. 165, Project 86-2, USAMHI. See also Sarnecky, *History of the U.S. Army Nurse Corps,* 296–97, 300.

47. Ibid., 167.

48. Ibid., 165, 168–69.

49. None of the men I interviewed, nor any of the men whose interviews I use here, have described their sexual orientation as homosexual. I do not assume, however, that all men—or all women—who served in the ANC were heterosexual. In their interviews with male nurses, Christine L. Williams and E. Joel Heikes found that the men often affirmed their heterosexuality to male interviewers but not to female interviewers. See "The Importance of Researcher's Gender in the In-Depth Interview: Evidence from Two Case Studies of Male Nurses," *Gender and Society* 7:2 (June 1993): 280–91. Randy Shilts provides the most discussion of homosexuality during the Vietnam War, but no particular discussion of homosexuality among nurses. *Conduct Unbecoming: Lesbians and Gays in the U.S. Military, Vietnam to the Persian Gulf* (New York: St. Martin's Press, 1993), 65, 69–71.

50. A 4F status meant a candidate was unacceptable for military service. Kishpaugh, interview by Bice-Stephens and Steinfeld, 62. A Department of Defense memorandum from October 11, 1949, regulated the discharge of homosexuals from all military branches. During the Vietnam War, the army discharged "true, confirmed homosexuals." Those individuals caught in a homosexual act, but whom a psychiatrist ruled were not confirmed homosexuals (for example, those engaging in a homosexual act "as a result of immaturity, curiosity, or intoxication"), were retained in the army. See "The Crittenden Report" (December 21, 1956–March 15, 1957), in *Homosexuality and the Military: A Sourcebook of Official, Uncensored U.S. Government Documents* (Upland, PA: Diane Publishing, 1993), 60–61, quotations on 61.

51. "Huachuca Male Nurse Stumps Panel on TV," news clipping, n.d., ANC Male Nurses, General Subject Files, 1960–1969, RG 112, NACP.

52. Jan Beard, "First Two Male Nurses to Graduate in El Paso," *El Paso Times,* August 28, 1966, news clipping, ANC Male Nurses, General Subject Files, 1960–1969, RG 112, NACP.

53. "Male Nurse Great Asset in Viet War," *Chicago Tribune,* April 2, 1966, 8.

54. Cynthia A. Gurney, *33 Years of Army Nursing: An Interview with Brigadier General Lillian Dunlap* (Washington, D.C.: United States Army Nurse Corps, 2001), 106, also 142.

55. Although women worked as nurse anesthetists throughout the field's history, anesthesiology became more closely associated with male nurses beginning in the 1950s.

The American Association of Nurse Anesthetists began allowing men as members in 1947, and by 1958 men made up 5.6 percent of the membership, though they were only 1 percent of the overall population of nurses. See Virginia S. Thatcher, *History of Anesthesia, with Emphasis on the Nurse Specialist* (Philadelphia, PA: J. B. Lippincott, 1953); Marianne Bankert, *Watchful Care: A History of America's Nurse Anesthetists* (New York: Continuum, 1989); Elizabeth Marie Pfeffer, "A Survey of the Opinions of Chiefs of Nursing Service and Commissioned Men Nurses as to the Utilization of Men Nurses in the United States Navy Nurse Corps" (master's thesis, University of Washington, 1968), 4; Sarnecky, *History of the U.S. Army Nurse Corps,* 129–31; 277–78; American Nurses Association (ANA), *Facts About Nursing* (New York: Nursing Information Bureau of the ANA, 1961), 17.

56. Oscar S. Houser, interview by Cindy Houser, February 23, 1992, Temple, TX, transcript, p. 3, University of North Texas Oral History Collection (UNT OHC); Robert J. Wehner, interview by Cindy Houser, August 22, 1992, Pearsall, TX, transcript, pp. 2–3, UNT OHC.

57. Larry S. Hilliard, interview by Cindy Houser, April 18, 1992, Temple, TX, transcript, pp. 2–3, UNT OHC.

58. Sherner, interview by author, 11–12; Storey, interview by author, 5; Powell, interview by author, 6; Tillman E. Barrington, interview by Cindy Houser, May 22, 1992, Bell County, TX, transcript, p. 2, UNT OHC.

59. Barry Powell, interview by author, July 13, 2004, telephone interview, tape recording and transcript, p. 20, TVA, TTU.

60. Sherner, interview by author, 11.

61. Quoted in Joan Evans, "Men in Nursing: Issues of Gender Segregation and Hidden Advantage," *Journal of Advanced Nursing* 26:2 (August 1997): 228. See also Christine L. Williams, *Gender Differences at Work: Women and Men in Nontraditional Occupations* (Berkeley: University of California Press, 1989), 95–130, and *Still a Man's World: Men Who Do "Women's Work,"* Men and Masculinity (Berkeley: University of California Press, 1995), 109–45; Henry Etzkowitz, "The Male Sister: Sexual Separation of Labor in Society," *Journal of Marriage and the Family* 33:3 (August 1971): 431–34.

62. Grace Lichtenstein, "At Downstate Center: Too Few Women Medical Students, Too Few Men in Nursing," *NYT,* May 23, 1971, BQ84.

63. Alice M. Robinson, "Men in Nursing: Their Career Goals and Image are Changing," *RN* 36:8 (August 1973): 36, 41.

64. Mary M. Roberts, *American Nursing: History and Interpretation* (New York: MacMillan, 1954), 317, 323; Dick Berry, interview by author, August 12, 2004, tape recording and transcript, p. 3, TVA, TTU; John M. Evans, Jr., interview by Cindy Houser, March 7, 1992, Temple, TX, p. 8, UNT OHC; Powell, interview by author, 3–4.

65. Roberts notes that by 1951, educational standards for both male and female nursing students required the same preparation; male nurses were trained no longer in only psychiatric or other specialized areas, but in all areas of nursing. Leo Le Bel and Barry Powell were among the first men in their schools to take courses in obstetrics and pediatrics. Dick Berry and Frank Snell also took courses in obstetrics at their schools. However, in their 1971 interviews of fifteen male nurses in Philadelphia and Boston, Emily Greenberg and Burton Levine found that two men attended schools that did not permit male students to train in obstetrics and gynecology; ten others encountered difficulties in that particular rotation. The ANC also refused to assign male nurses to obstetrics. Roberts, *American Nursing,* 322; Le Bel, interview by author, 4–6; Powell, inter-

view by author, 19; Berry, interview by author, 3; Frank Snell, interview by Angela Klar, October 26, 1989, transcript, p. 84, ANC Oral Histories, ANCA; Emily Greenberg and Burton Lenhe, "Role Strain in Men Nurses: A Preliminary Investigation," *Nursing Forum* 10:4 (1971): 416–30; Anna Mae Hays, interview by Amelia Jane Carson, February 23, 1983, transcript, p. 136, Project 83-10, USAMHI.

66. Gurney, *33 Years of Army Nursing,* 282.

67. ANA, *Facts about Nursing* (1970–1971), 17; *Facts about Nursing* (1972–1973), 16; "Strength Trend," in Caylor, *End of Tour Report;* Williams, *End of Tour Report;* Hays, interview by Carson, 136, 143–44.

68. "Request for Information," April 20, 1972, 341 Recruitment (1966) [1972 document but filed in 1966 folder], ANCA.

69. Anna Everett's daily log noted, "No female patients are to be admitted unless there is a chaperon since we do have male nurses doing general duty. We are short of staff and it is not possible to have female nurses on duty when females are admitted." "Part I Daily Log of Activities 8th Field Hospital 17 February 1962–2 March 1963," p. 21, LtC Anna E. Everett, 1962–1963 folder, Vietnam Correspondence, Vietnam Daily Log of LTC Anna Everett, 8th Field Hospital 1962–1963, Army Nurse Corps Papers, USAMHI.

70. Clark, interview by Adams, 167.

71. Margaret Harper, speech at the 5th USA Conference of the Civilian Aides to the Secretary of the Army, May 10, 1963, Fort Riley, KS, 341 Recruitment (Operation Nightingale), ANCA.

72. Clark, interview by Adams, 170.

73. Mildred Clark to Mary D. Clark, September 2, 1964, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA. Chief Hays also supported a policy of allowing the chief nurse in Vietnam to assign nurses to particular assignments of her own choosing, without consulting the ANC. See Hays, interview by author.

74. Clark, interview by Adams, 170.

75. Delk Oden telegram to Mildred Clark, December 30, 1964, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA. The telegram contains numerous spelling errors, probably a result of the transmission. I have corrected the spellings here in brackets for readability.

76. Charles H. Moseley to Delk Oden, January 26, 1965, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA.

77. Edward J. Costello to L. O'Connor, December 7, 1967, 314.7 History, Vietnam, Correspondence 1962–1968, ANCA. The 1948 Integration Act, which integrated women into permanent positions in the military, prohibited the armed forces from assigning women to combat. See *Women's Armed Services Integration Act of 1948,* 62 *Stat.* 356, Public Law 80-625, June 12, 1948; Jeanne Holm, *Women in the Military: An Unfinished Revolution* (Novato, CA: Presidio Press, 1992), 113–19, 126–27.

78. Nurses received airborne training at Fort Campbell, Kentucky. Clark recalled that many male nurses volunteered for the airborne training, and though several female nurses asked if they could also be trained, the commander at Fort Campbell did not want women to participate. Clark said that she discouraged women from training, but that they could go on their free time. Given the prohibition against women in combat, even women who had been trained would not have been assigned to airborne duty. See fact sheet, 341 Recruitment (1966), ANCA; Clark, interview by Adams, 169–70; Carolyn M. Feller and Constance J. Moore, *Highlights in the History of the Army Nurse Corps* (Washing-

ton, D.C.: U.S. Army Center of Military History, 1995), 29; *Army Medical Service Activities Report,* February 11, 1966, USARV, 1st Brigade, 101 Airborne, Medical Unit Annual Reports, 1960–1969, RG 112, NACP.

The men assigned to these airborne units were reassigned to army hospitals sometime before May 27, 1966. ANC records indicate some controversy about their assignment to the units, but what that controversy entailed is unclear. See Mildred Clark, "Evaluation of the Utilization of ANC Officers in Vietnam," August 2, 1966, File 904-07 Viet Nam (correspondence) 1966, Vietnam Correspondence, Vietnam Daily Log of LTC Anna Everett, 8th Field Hospital 1962–1963, the Army Nurse Corps Papers, USAMHI; "Extract from Col Hays' Report Following Visit to Vietnam in 1966," 18; John D. Medwed, "Report of Visit, Republic of Vietnam," July 26, 1966, both in Hays, *Report of Visit.*

79. Spurgeon Neel, *Medical Support of the U.S. Army in Vietnam, 1965–1970* (Washington, D.C.: Government Printing Office, 1973), 90; Williams, *End of Tour Report,* Hays, *Report of Visit,* 1; *Army Medical Service Activities Report,* 1968, USARV, 9th Infantry Division, Medical Unit Annual Reports, 1960–1969, RG 112, NACP; David M. Watt, "Medical Support of the Mobile Riverine Force, Vietnam," *Military Medicine* 135 (November 1970): 987–90; Sarnecky, *History of the U.S. Army Nurse Corps*, 375; Mobile Riverine Force Association, "Medical Support of the Mobile Riverine Force," www.mrfa.org/mrf_medical.htm (accessed May 25, 2005); Peter Dorland and James Nanney, *Dust Off: Army Aeromedical Evacuation in Vietnam* (Washington, D.C.: Center of Military History, 1982), 57–59.

80. Sarnecky, *History of the U.S. Army Nurse Corps,* 346; Hays, interview by author; Hays, interview by Carson, 125; Leonard D. Heaton to Frances P. Bolton, April 15, 1966, 314.7 History, Vietnam, News Clips and Articles, ANCA.

81. A few female nurses mention that they acquired a weapon, but I can find no woman who mentions carrying a weapon on duty. Moreover, the women who did acquire a weapon seem to have acquired *a* weapon, not many. Wendy Weller, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, p. 24, TVA, TTU; Kate O'Hare Palmer, interview by author, December 11, 2003, San Francisco, CA, tape recording, in possession of the author; Margarethe Cammermeyer and Chris Fisher, *Serving in Silence* (New York: Viking, 1994), 104.

82. John Sherner, interview by Cindy Houser, August 22, 1992, Fort Sam Houston, TX, transcript, p. 24, UNT OHC.

83. Larry Canfield, interview by Cindy Houser, February 22, 1992, Temple, TX, transcript, p. 12, UNT OHC.

84. J. M. Evans, interview by Houser, 23.

85. Howard questionnaire, 9.

86. *Army Medical Services Report,* 1968, 74th Field Hospital, Medical Unit Annual Reports, 1960–1969; ANC organizational roster, 74th Field Hospital, General Subject Files, 1960–1969; ANC organizational roster, POW Hospital, General Subject Files, 1960–1969; ANC organizational roster, 311th Field Hospital, General Subject Files, 1960–1969, all in RG 112, NACP; "Nursing Service Activities," ANC Oral History, Williams, Althea E., Vietnam, ANCA; William J. Brinker, "Nancy Randolph, Army Nurse: 'Ten Thousand Patients in Nine Months [and] All Downhill since Then,'" in *The Human Tradition in the Vietnam Era,* no. 5, The Human Tradition in America, ed. David L. Anderson (Wilmington, DE: Scholarly Resources, 2000), 118.

87. J. M. Evans, interview by Houser, 15–23, quotation on 23; Jim White, "VC Turn

Healing Into . . . ," *Pacific Stars and Stripes,* August 1969, http://25thaviation.org/id301.htm (accessed May 25, 2005); Sarnecky, *History of the U.S. Army Nurse Corps,* 379.

88. Rose B. Straley, interview by Darrell G. McPherson, June 6, 1967, transcript, pp. 6–7, quotation on 7, Army Nurse Corps Oral History, Straley, Rose B., Vietnam, ANC Oral Histories, USAMHI.

89. Lane, *End of Tour Report.*

90. Ibid.; Minter, "Lessons Learned Briefing," 1.

91. Barbara Metcalf, interview by Connie Slewitzke, May 23, 1992, transcript, p. 17, ANC Oral Histories, ANCA.

92. Houser, interview by Houser, 39–41; Minter, "Lessons Learned Briefing"; fact sheet, November 1, 1972, 314.7 History, Vietnam, Fact Sheet, ANC and Army Nursing, ANCA.

93. Houser, interview by Houser, 44–49.

94. Sarnecky, *History of the U.S. Army Nurse Corps,* 342, 497 n. 107; Maude M. Smith, *End of Tour Report,* June 11, 1971, p. 7, 314.7 History, Vietnam, Deployment Issues, ANCA; *MACV 1965 Medical Activities Report,* Nursing Service Activities, USARV Military Assistance Command, Medical Unit Annual Reports, 1960–1969, RG 112, NACP.

95. Gus Alexander, "Cong Hoa Hospital," May 3, 1973, p. 6, ANC Oral Histories, ANCA.

96. Ibid., 7.

97. Ibid., 29, 23.

98. Sarnecky, *History of the U.S. Army Nurse Corps,* 346; "Army Nurse Corps Strength in the Republic of Vietnam" and "ANC Officer Requirements in the Republic of Vietnam," both in Caylor, *End of Tour Report.*

99. George Urick, interview by Sharon Richie, November 16, 1987, transcript, p. 18, Senior Officer Oral History Program, Project 1988-MSP, ANC Oral Histories, ANCA; Sarnecky, *History of the U.S. Army Nurse Corps,* 354–55. By late 1967, at least one woman was assigned there, chief nurse Joan Shimerda. Connie L. Slewitzke replaced her in January 1968. Connie L. Slewitzke, interview by Beverly Greenlee, 1988, transcript, pp. 12–14, Project 1988-8, USAHMI; Connie L. Slewitzke, self-questionnaire, January 11, 1993, p. 7, ANC Oral Histories, ANCA; "Army Medical Service Activities, July 1, 1967–September 30, 1967," in Caylor, *End of Tour Report.*

100. Sarnecky, *History of the U.S. Army Nurse Corps,* 346; Althea E. Williams to Anna Mae Hays, April 20, 1968, and Althea E. Williams to Jeanne M. Treacy, August 15, 1968, both in 314.7 History, Vietnam, Correspondence 1969–1973, ANCA; Williams, *End of Tour Report;* Margaret Canfield, interview by Connie Slewitzke, May 23, 1992, transcript, pp. 2–3, ANC Oral Histories, ANCA.

101. Williams to Treacy.

102. These hospitals had also been integrated at various times before August 1968, after the hospital had been established and housing facilities constructed for women. In November 1967, however, the 18th Surgical Hospital was again segregated by sex, this time because the hospital moved in response to "the changing tactical situation." At that time, the ANC staffed the hospital with all men, whom it deemed "more appropriate during close support operations." See *Army Medical Service Activities Report,* 1967, USARV, 44th Medical Brigade, Medical Unit Annual Reports, 1960–1969, RG 112, NACP. See also "Army Medical Service Activities," January 23, 1968, in Caylor, *End of Tour Re-*

port, 3; Neel, *Medical Support of the U.S. Army in Vietnam,* 144; Straley, interview by McPherson, 4.

103. Williams to Treacy.

104. Althea E. Williams to Anna Mae Hays, September 21, 1968, 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

105. Williams, End of Tour Report.

106. Williams to Treacy.

107. Snell, interview by Klar, 47–48.

108. Dick Hooper, interview by Cindy Houser, May 25, 1992, Temple, TX, transcript, pp. 35–36, also 32–33, UNT OHC.

109. "8 Nurses Boost Morale Near the DMZ," *Pacific Stars and Stripes,* November 22, 1968, news clipping, ANC in Vietnam, General Subject Files, 1960–1969, RG 112, NACP. See also "The Feminine Touch Improves Hospital Morale," Release Number 21, ANC in Vietnam, General Subject Files, 1960–1969, RG 112, NACP.

110. Gurney, 33 Years of Army Nursing, 274.

111. Quotation from Lane, *End of Tour Report,* 3. Information on DTCs and the drug abuse holding center from Minter, "Lessons Learned Briefing," 2; Sarnecky, *History of the U.S. Army Nurse Corps,* 383–84.

112. Lane to Nuttall. See also Lane, *End of Tour Report.*

113. "DOD Nursing Advisory Committee Meeting," October 5, 1970, p. 49, 314.7 History, Vietnam, DOD Nursing Advisory Committee Documentation, ANCA.

CHAPTER FIVE: "I'm afraid we're going to have to just change our ways"

Epigraph: Karen Bush, in Dan Freedman and Jacqueline Rhoads, *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987), 89–90.

1. Beverly Deepe, "Honeymooners in a War," *Parade,* January 8, 1967, news clipping, Buildup, Press, 341 Recruitment, ANCA. A version of this chapter appears as Kara Dixon Vuic, " 'I'm afraid we're going to have to just change our ways': Marriage, Motherhood, and Pregnancy in the Army Nurse Corps during the Vietnam War," *Signs* 32:4 (Summer 2007): 997–1022, © 2007 by The University of Chicago Press.

2. Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000), 219–23.

3. Jeanne Holm, *Women in the Military: An Unfinished Revolution* (Novato, CA: Presidio Press, 1992), 71–72, 85; Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps,* Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1999), 272; Enloe, *Maneuvers,* 219; Linda Witt et al., *"A Defense Weapon Known to Be of Value": Servicewomen of the Korean War Era* (Hanover, NH: University Press of New England, 2005), 3.

4. Sarnecky, *History of the U.S. Army Nurse Corps,* 291–92.

5. Holm, *Women in the Military,* 289.

6. Mildred Clark, interview by Nancy R. Adams, 1986, transcript, p. 165, Project 86-2, U.S. Army Military History Institute, Carlisle Barracks, PA (USAMHI); Sarnecky, *History of the U.S. Army Nurse Corps,* 296–97, 300.

7. Katherine E. Baltz, memorandum to Mary G. Phillips, December 28, 1949, History of Male Military Nurses, Mary Sarnecky Collection, ANCA.

8. H. W. Glattly, memorandum to S. B. Hays, August 6, 1952, History of Male Military Nurses, Mary Sarnecky Collection, ANCA.

9. Dancer-Fitzgerald-Sample, "Study of Motivations for and against Joining the Army Nurse Corps," #62405, November 1962, 17–18, 33–34, quotation on 18, 705-05 Recruiting Publicity Campaign FY 63 Files, Recruiting Publicity Campaign Materials, 1950–1967, Records of the U.S. Army Training and Doctrine Command, RG 553, National Archives at College Park, College Park, MD (NACP).

10. Susan Rimby Leighow, "An 'Obligation to Participate': Married Nurses' Labor Force Participation in the 1950s," in *Not June Cleaver: Women and Gender in Postwar America, 1945–1960,* ed. Joanne Meyerowitz (Philadelphia, PA: Temple University Press, 1994), 37–56; Alice Kessler-Harris, *Out to Work: A History of Wage-Earning Women in the United States* (New York: Oxford University Press, 1982), chapters 10 and 11; Susan M. Hartmann, *The Home Front and Beyond: American Women in the 1940s* (Boston: Twayne, 1982); William H. Chafe, *The American Woman: Her Changing Social, Economic, and Political Roles, 1920–1970* (New York: Oxford University Press, 1972).

Several works discuss how Title VII of the 1964 Civil Rights Act affected women and their employment options as it challenged the traditional notion that women—particularly mothers—should not work. For a few particularly relevant works, see Cynthia Harrison, *On Account of Sex: The Politics of Women's Issues, 1945–1968* (Berkeley: University of California Press, 1988); Susan M. Hartmann, *From Margin to Mainstream: American Women and Politics since 1960* (Philadelphia: Temple University Press, 1989).

11. Fact sheet, 341 Recruitment (1966), ANCA. Notably, Women's Army Corps director Elizabeth P. Hoisington opposed waivers for marriage and motherhood. She argued that these changes undercut the high standards the WAC had established in World War II as an effort to create an image of sexual respectability for the corps. Bettie J. Morden, *The Women's Army Corps, 1945–1978,* Army Historical Series (Washington, D.C.: Center of Military History, 1990), 232–40.

12. Carolyn M. Feller and Constance J. Moore, *Highlights in the History of the Army Nurse Corps* (Washington, D.C.: U.S. Army Center of Military History, 1995), 38.

13. United States Army Nurse Corps, *Education Opportunities for Students in the Field of Nursing* (Washington, D.C.: Government Printing Office, 1962), 2; Army Regulation No. 601-19, "Personnel Procurement: Army Student Nurse, Dietitian, and Occupational Therapist Programs," October 7, 1965, ANC Education, General Subject Files, 1960–1969, Records of the Office of the Surgeon General (Army), RG 112, NACP.

14. Sarnecky, *History of the U.S. Army Nurse Corps,* 351. Most married female army nurses were married to other army officers, though a few women married enlisted men (much to the displeasure of the army), and a few even married male army nurses. These nurse-nurse couples were rare in the ANC. For stories about them, see "Couple Nurses as Team," *The Evening Star* (Washington, D.C.), July 11, 1968, A3, and "Newlyweds Near the Front Lines," news clippings, Buildup, Press, 341 Recruiting, ANCA.

15. Minutes of the meeting, Department of Defense Nursing Advisory Committee, October 30, 1967, p. 2, 314.7 History, Vietnam, DOD Nursing Advisory Committee Documentation, ANCA.

16. Although marriage restrictions on employed women declined throughout the twentieth century, it was not until 1966 that the Equal Employment Opportunities Commission declared marriage restrictions on women to be illegal. Enforcing the law, however, proved difficult. Flight attendants were often cast in similar gendered and sex-

ualized roles as nurses. Until 1970 they also faced mandatory retirement if they married. See Kessler-Harris, *Out to Work;* Claudia Goldin, *Understanding the Gender Gap: An Economic History of American Women,* Nber Series on Long-Term Factors in Economic Development (New York: Oxford University Press, 1990), chapter 6; Kathleen M. Barry, *Femininity in Flight: A History of Flight Attendants,* Radical Perspectives (Durham, NC: Duke University Press, 2007), chapter 6.

17. Glennadee A. Nichols, "Young Nurses' Reasons for Joining, Remaining in, and Leaving the Army," *Military Medicine* 136:9 (September 1971): 720–21.

18. "Army Plays Cupid for Nurse, Fiance," *Post-Bulletin* (Rochester, MN), September 8, 1967, 19, news clipping, ANC in Vietnam, General Subject Files, 1960–1969, RG 112, NACP.

19. "Lieutenant Wants to Follow His Wife to Viet Nam," *The State* (Columbia, SC), February 3, 1966, 1, news clipping, Buildup, Press, 341 Recruiting, ANCA.

20. Sue Cronk, "GI Pair Wed in Vietnam," *Washington Post,* July 14, 1968, A32.

21. Corinne Smith, "Nurses Follow Husbands to War," news clipping, Buildup, Press, 341 Recruiting, ANCA; generic letter, n.d., Army Nursing Corps Arrivals, General Subject Files, 1960–1969, RG 112, NACP. See also fact book, May 24, 1971, 314.7 History, Vietnam, Fact Sheet Status, ANC in Vietnam, ANCA. The Women's Army Corps preferred not to assign married women to Vietnam if their husbands were stationed there because of housing problems and because of complaints from civilian women that they could not visit their husbands stationed in Vietnam. Morden, *The Women's Army Corps,* 252.

22. Shirley Menard, in Freedman and Rhoads, *Nurses in Vietnam,* quotations on 111, 111–13, 118.

23. Babette Clough, interview by author, April 30, 2004, tape recording and transcript, pp. 3–5, 13, The Vietnam Archive, Texas Tech University (TVA, TTU).

24. Helene Carroll, interview by Mary Jo Kastleman, May 23, 1992, transcript, p. 5, ANC Oral Histories, ANCA.

25. Julia Decker, interview by Connie Slewitzke, May 24, 1992, transcript, p. 5, ANC Oral Histories, ANCA; Lynne Hudson, interview by Stephen Maxner, May 18, 2000, Lubbock, TX, transcript, pp. 5–7, 15, TVA, TTU. In January 1968, Connie L. Slewitzke voluntarily traded her assignment at the 36th with another nurse from the Sixth Convalescent Center so that the nurse could be stationed in the same area as her husband. See Connie L. Slewitzke, self-questionnaire, January 11, 1993, p. 7, ANC Oral Histories, ANCA.

26. Margarethe Cammermeyer and Chris Fisher, *Serving in Silence* (New York: Viking, 1994), 114–16.

27. Violet Decker Nemky, interview by Nelly Gorman, May 24, 1992, transcript, pp. 5–6, 11–12, ANC Oral Histories, ANCA.

28. Mary Reynolds Powell, *A World of Hurt: Between Innocence and Arrogance in Vietnam* (Chesterland, OH: Greenleaf Enterprises, 2000), 138.

29. Ann Antonicci, interview by Connie L. Slewitzke, January 11, 1993, transcript, pp. 6, 10, ANC Oral Histories, ANCA.

30. Madelyn N. Parks, interview by Theresa Washburn, July 27, 1992, transcript, p. 8, ANC Oral Histories, ANCA.

31. Margaret Canfield, interview by Connie Slewitzke, May 23, 1992, transcript, p. 8, ANC Oral Histories, ANCA.

32. "Personnel," in Jennie L. Caylor, *End of Tour Report,* 314.7 History, Vietnam, Deployment Issues, ANCA.

33. Patricia T. Murphy, *End of Tour Report,* January 15, 1971, p. 3, 314.7 History, Vietnam, End of Tour Report, Murphy, Patricia 1971, ANCA. In a speech after her tour, she specified that married couples stationed together in Vietnam drew a housing allowance from the army, while individuals stationed without their spouses did not. See Patricia Murphy, "Role of the Nurse in Vietnam" [n.d., late 1970 or early 1971], p. 18, ANC Oral Histories, ANCA.

34. Barbara E. Lane, *End of Tour Report,* May 30, 1972, 314.7 History, Vietnam, End of Tour Report 1972, ANCA.

35. Cynthia A. Gurney, *33 Years of Army Nursing: An Interview with Brigadier General Lillian Dunlap* (Washington, D.C.: United States Army Nurse Corps, 2001), 181.

36. *Women's Armed Services Integration Act of 1948* (Public Law 80-625), 62 Stat. 356. See also Holm, *Women in the Military,* 289–91.

37. Memorandum for Deputy Chief of Staff for Personnel [n.d., after September 1970], 341 Recruitment (1970–1978), ANCA.

38. Minutes of the meeting, Department of Defense Nursing Advisory Committee, October 30, 1967, p. 2.

39. Office of the Surgeon General press release, "Recent Regulation Changes Affecting ANC Officers," April 27, 1971, ANC Procurement, General Subject Files, 1960–1969, RG 112, NACP.

40. Ruth Bader Ginsburg argued the case on behalf of Frontiero for the American Civil Liberties Union. *Frontiero v. Richardson,* 411 U.S. 677 (1973); Holm, *Women in the Military,* 290–91.

41. Donna Alvah, *Unofficial Ambassadors: American Military Families Overseas and the Cold War, 1946–1965* (New York: New York University Press, 2007), 6.

42. "ANC Losses FY 1963" and "ANC Losses FY 1966," both in Army Nurse Corps Gains and Losses, General Subject Files, 1960–1969, RG 112, NACP; Hal B. Jennings, Jr., *A Decade of Progress: The United States Army Medical Department, 1959–1969* (Washington, D.C.: Government Printing Office, 1971), 95.

43. *Women's Armed Services Integration Act of 1948.*

44. Executive Order 10240, *Code of Federal Regulations,* title 3, sec. 749 (1949–53). See also Holm, *Women in the Military,* 125.

45. Ibid. Rickie Solinger provides a comparative history of how Americans thought about single pregnancy among black and white women. See *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 2000).

46. Feller and Moore, *Highlights in the History of the Army Nurse Corps,* 37; Anna Mae Hays, interview by Amelia Jane Carson, February 23, 1983, transcript, p. 141, Project 83-10, USAMHI; typed document [begins "In direct procurement"], p. 4, 341 Recruitment (Operation Nightingale), ANCA.

47. Typed document, 4.

48. Hays, interview by Carson, 142.

49. "Info Given to Lt Col John J. Sullivan DCSPER, Personnel Service Division," August 7, 1964, Housing (BOQ, Enlisted Women) 901-07, 1963, Nurses' Quarters' BOQ's, Furnishings, Housing, 1946–1976, Army Nurse Corps Papers, USAMHI.

50. Gurney, *33 Years of Army Nursing,* 278.

51. "DOD Nursing Advisory Committee Meeting," transcript, October 5, 1970, 52, 314.7 History, Vietnam, DOD Nursing Advisory Committee Documentation, ANCA.

52. Ibid., 53.

53. Ibid., 52.

54. Memorandum for Deputy Chief of Staff for Personnel, 341 Recruitment (1970–1978), ANCA.

55. "Army Discriminates, Says Nurse-Mother," *American Journal of Nursing* (*AJN*) 70:11 (November 1970): 2283–84; "If You're Pregnant (a Predicament in Army-ese) You May Not Have to Leave the Corps," *AJN* 71:1 (July 1971): 1311; "Woman Officer Halts Discharge from Reserve" *Birmingham News,* October 7 [1970], news clipping, ANC Pregnancy Law, General Subject Files, 1960–1969, RG 112, NACP. See also Holm, *Women in the Military,* 297.

56. "Court Backs Air Force's Ouster of an Unwed Pregnant Officer," *New York Times* (*NYT*), November 16, 1971, 33.

57. Fred P. Graham, "Justices to Weigh Pregnancy Issue," *NYT,* October 25, 1972, 8.

58. *Struck v. Secretary of Defense,* 460 F. 2d 1372 (9th Cir. 1971), vacated and remanded to consider the issue of mootness, 409 U.S. 1071 (1972); "Pregnancy Discharges in the Military: The Air Force Experience," *Harvard Law Review* 86:3 (1973): 568–94; "Air Force Drops Effort to Oust Woman Captain," *NYT,* December 2, 1972, 31; "Air Force Captain, Unwed, Has Baby," *NYT,* December 4, 1970, 16; Fred P. Graham, "It Would Help if It Happened to a Man," *NYT,* October 29, 1972, E10; "Excerpts from Senate Hearing on the Ginsburg Nomination," *NYT,* July 22, 1993, A14. For a discussion of other cases in which military women sued over the questions of pregnancy and motherhood, see Holm, *Women in the Military,* 296–303; Mary Ann Kuhn, "Military Women Making Waves over Sexist Rules," *Washington Daily News,* October 5, 1970, news clipping, ANC Pregnancy Law, General Subject Files, 1960–1969, RG 112, NACP.

59. Quotation in "The Army Decides Its Married Women Can Have Children," *NYT,* April 21, 1971, 11; "Army Mothers" *NYT,* April 25, 1971, E3; "If You're Pregnant (a Predicament in Army-ese) You May Not Have to Leave the Corps," 1311; Office of the Surgeon General press release, "Recent Regulation Changes Affecting ANC Officers"; Feller and Moore, *Highlights in the History of the Army Nurse Corps,* 43.

60. Unclassified transcription, "DOD Morning News Briefing, Monday, July 31, 1972," ANC Pregnancy Law, General Subject Files, 1960–1969, RG 112, NACP.

61. *Crawford v. Cushman,* 531 F. 2d 1114 (CA2 1976); Holm, *Women in the Military,* 300–303.

62. Brooke Army Medical Center Public Affairs Office, Release No. 881, November 12, 1971, p. 1, ANC Pregnancy Law, General Subject Files, 1960–1969, RG 112, NACP.

63. "Army Nurse–Mom Glad Women's Lib Got Results," *San Antonio News,* October 19, 1971, news clipping, ANC Pregnancy Law, General Subject Files, 1960–1969, RG 112, NACP.

64. Lynn Calmes Kohl, in Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987), 236.

65. Quotation in Barbara F. Kishpaugh, interview by Wynona Bice-Stephens and Susan Steinfeld, May 13, 1988, transcript, p. 66, ANC Oral Histories, ANCA.

66. Martha Kuhns, interview by author, May 1, 2004, Salt Lake City, UT, tape recording and transcript, p. 14, TVA, TTU.

67. Kishpaugh, interview by Bice-Stephens and Steinfeld, 66.

68. Catherine Betz, interview by Mary Sarnecky, May 23, 1992, transcript, p. 13, ANC Oral Histories, ANCA.

69. Ibid., 4.

70. She did not mention the number of single pregnant women. "Personnel," in Caylor, *End of Tour Report;* Sarnecky, *History of the U.S. Army Nurse Corps,* 381.

71. Lane, *End of Tour Report.*

72. Kuhns, interview by author, 12–14.

73. Althea E. Williams, "Procedure for Handling of Pregnant ANC Officers," 314.7 History, Vietnam, Correspondence 1969–1973, ANCA.

74. Leslie McClusky (pseudonym), in Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987), 57.

75. Emily Woods (pseudonym), questionnaire by author, April 15, 2004, p. 12, in possession of the author.

76. Bush, in Freedman and Rhoads, *Nurses in Vietnam,* 86–90, quotation on 89.

77. Sandra M. Talbert, questionnaire by author, December 31, 2004, pp. 5, 9, 10, in possession of author.

78. Patricia Ryan, interview by Mary Sarnecky, May 22, 1992, transcript, pp. 8–9, ANC Oral Histories, ANCA.

79. Betty Antilla, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, and September 22, 2004, telephone interview, tape recording and transcript, pp. 46–47, quotation on 46, TVA, TTU. See also Betty Antilla, questionnaire by author, June 15, 2004, p. 9, in possession of the author.

80. Diana Dwan Poole, questionnaire by author, June 8, 2004, p. 9, in possession of author.

81. Martha E. Johnson, interview by Mary Sarnecky, May 23, 1992, transcript, p. 7, ANC Oral Histories, ANCA.

82. Sara J. McVicker, questionnaire by author, July 3, 2004, p. 9, in possession of the author.

83. Sharon Lea Stanley-Alden, questionnaire by author, April 29, 2004, p. 9, in possession of the author; Rose Mary Burke, questionnaire by author, May 1, 2004, p. 9, in possession of the author.

84. The Supreme Court did not rule until 1972 that physicians' refusal to prescribe birth-control pills to unmarried women was unconstitutional. *Eisenstadt v. Baird,* 405 U.S. 438 (1972). For more on women and the pill, see Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950–1970* (Baltimore, MD: Johns Hopkins University Press, 1998); Beth Bailey, *Sex in the Heartland* (Cambridge, MA: Harvard University Press, 1999), chapter 4.

85. "Fact Sheet: Abortions in Military Hospitals," January 18, 1971, Ex ND5—Health Medical, January 1, 1971–December 31, 1972, National Defense, White House Central Files, Nixon Materials, NACP; "Military Hospitals Approve Abortions," *Washington Post,* August 18, 1970, A3; Ken W. Clawson, "President Overturns Pentagon Abortion Rule," *Washington Post,* April 3, 1971, A1; "Surgeon Is Leaving St. Vincent's Here for Defense Post," *NYT,* December 14, 1967, 27; "N.Y. Physician Gets Defense Dept. Office," *Washington Post,* November 2, 1967, A8.

86. Clawson, "President Overturns Pentagon Abortion Rule," A7, A1.

87. John Dean, memorandum to Ken Cole, Pat Buchanan, Henry Cashen, and Don Hughes, January 14, 1971, EX WE 3 Family Planning, January 1, 1971–April 30, 1971, White House Central Files, Nixon Materials, NACP.

88. Patrick J. Buchanan, memorandum to the President, December 17, 1970, EX WE

3 Family Planning, January 1, 1971–April 30, 1971, White House Central Files, Nixon Materials, NACP.

89. Patrick J. Buchanan, memorandum to John Ehrlichman, December 22, 1970, EX WE 3 Family Planning, January 1, 1971–April 30, 1971, White House Central Files, Nixon Materials, NACP.

90. Lawrence J. Hogan to the President, February 17, 1971, p. 2, EX WE 3 Family Planning, January 1, 1971–April 30, 1971, White House Central Files, Nixon Materials, NACP.

91. Quotation in Richard M. Nixon, "Statement about Policy on Abortions at Military Base Hospitals in the United States," *Public Papers of the Presidents of the United States: Richard M. Nixon, 1969–1974,* vol. 3 (Washington, D.C.: Office of the Federal Register, 1972), 500. See also Richard Nixon to Melvin R. Laird, March 24, 1971, EX WE 3 Family Planning, January 1, 1971–April 30, 1971, White House Central Files, Nixon Materials, NACP.

92. "Statement about Policy on Abortions at Military Base Hospitals in the United States," 500.

93. "Top Medical Officer at Defense Resigns," *Washington Post,* June 23, 1971, C5; "Pentagon Losing Top Medical Aide," *NYT,* June 24, 1971, 22.

94. Clawson, "President Overturns Pentagon Abortion Rule," A7.

95. Ryan, interview by Sarnecky, 8.

96. Murphy, *End of Tour Report,* 6, 7.

97. Decker, interview by Slewitzke, 8.

98. Hannah Wynne, interview by author, May 28, 2004, San Antonio, TX, tape recording and transcript, pp. 25–27, TVA, TTU.

99. Bernadette Palya Miller, questionnaire by author, March 29, 2004, p. 9, in possession of author.

100. Powell, *A World of Hurt,* 139–40.

101. Lane, *End of Tour Report.*

102. *Roe v. Wade,* 410 U.S. 113 (1973).

103. Margaret R. Higonnet and Patrice L.-R. Higonnet, "The Double Helix," in *Behind the Lines: Gender and the Two World Wars,* ed. Margaret Randolph Higonnet, et al. (New Haven, CT: Yale University Press, 1987), 45.

CHAPTER SIX: "You mean we get women over here?"

Epigraph: "Bikini-Clad Nurse Is Driving Hazard," News clipping from *Baltimore Sun,* December 26, 1965, ANC in Vietnam, General Subject Files, 1960–1969, RG 112, NACP.

1. Margaret Canfield, interview by Connie Slewitzke, May 23, 1992, transcript, p. 9, ANC Oral Histories, Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, Virginia (ANCA). Jean Supplee, who worked at the 67th Evacuation Hospital in Qui Nhon and at the 24th Evacuation Hospital in Long Binh, recalled that nurses and physicians at one of the hospitals played a similar touch football game, which the nurses won. See Jean Supplee, interview by Eily P. Gorman, May 23, 1992, transcript, p. 8, ANC Oral Histories, ANCA.

2. Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End Press, 1983), 5. On the ties between foreign policy, militarism, and gender,

see Leo Braudy, *From Chivalry to Terrorism: War and the Changing Nature of Masculinity* (New York: Knopf, 2003); Stefan Dudink, Karen Hagemann, and John Tosh, eds., *Masculinities in Politics and War: Gendering Modern History* (Manchester, UK: Manchester University Press, 2004); Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000); Kristin Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven, CT: Yale University Press, 1998); Christina S. Jarvis, *The Male Body at War: American Masculinity During World War II* (DeKalb: Northern Illinois University Press. 2004).

3. Marilyn E. Hegarty, *Victory Girls, Khaki-Wackies, and Patriotutes: The Regulation of Female Sexuality During World War II* (New York: New York University Press, 2007); Meghan K. Winchell, *Good Girls, Good Food, Good Fun: The Story of USO Hostesses during World War II,* Gender and American Culture (Chapel Hill: University of North Carolina Press, 2008); Beth Bailey and David Farber, *The First Strange Place: Race and Sex in World War II Hawaii* (New York: Free Press, 1992).

4. Elaine Tyler May argues that Cold War culture stressed the containment of women's sexuality out of a fear that unrestrained sexuality, or even nonnormative sexuality within marriage, could threaten national security. Other works follow this argument, including works that describe Cold War concerns about homosexuality, especially in the government. Yet while women's sexuality was a concern of many during this time, other historians have shown that the era was one of gradual sexual liberation for women. See Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988); Carolyn Herbst Lewis, "Waking Sleeping Beauty: The Premarital Pelvic Exam and Heterosexuality during the Cold War," *Journal of Women's History* 17:4 (2005): 86–110; Robert D. Dean, *Imperial Brotherhood: Gender and the Making of Cold War Foreign Policy,* Culture, Politics, and the Cold War (Amherst: University of Massachusetts Press, 2001); John D'Emilio, *Sexual Politics, Sexual Communities* (Chicago: University of Chicago Press, 1998); K. A. Cuordileone, *Manhood and American Political Culture in the Cold War* (New York: Routledge, 2005); David K. Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago: University of Chicago Press, 2004); Joanne Meyerowitz, "Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946–1958," in *Not June Cleaver: Women and Gender in Postwar America, 1945–1960,* ed. Joanne Meyerowitz (Philadelphia, PA: Temple University Press, 1994), 229–62; Daniel Horowitz, *Betty Friedan and the Making of* The Feminine Mystique*: The American Left, the Cold War, and Modern Feminism,* new ed. (Amherst: University of Massachusetts Press, 2000); Leila J. Rupp and Verta Taylor, *Survival in the Doldrums: The American Women's Rights Movement, 1945 to the 1960s* (New York: Oxford University Press, 1987).

5. For excellent overviews of organized second-wave feminism, see Flora Davis, *Moving the Mountain: The Women's Movement in America since 1960* (Westport, CT: Greenwood, 1999); Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Viking, 2000); Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967–1975* (Minneapolis: University of Minnesota Press, 1989). Additional works locate feminism outside mainstream organizations. See especially Susan Hartmann, *The Other Feminists: Activists in the Liberal Establishment* (New Haven, CT: Yale University Press, 1998); Dennis A. Deslippe, *"Rights, Not Roses": Unions and the Rise of*

Working-Class Feminism, 1945–1980, The Working Class in American History (Urbana: University of Illinois Press, 2000); Susan Rimby Leighow, *Nurses' Questions/Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946–1986,* American University Studies, series 27, Feminist Studies, vol. 5 (New York: Peter Lang, 1996); Kathleen M. Barry, *Femininity in Flight: A History of Flight Attendants, Radical Perspectives* (Durham, NC: Duke University Press, 2007); Judith Ezekiel, *Feminism in the Heartland* (Columbus: Ohio State University Press, 2002).

On the sexual revolution, see David Allyn, *Make Love, Not War: The Sexual Revolution, an Unfettered History* (Boston: Little, Brown, 2000); John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper and Row, 1988), 239–325, especially 301–18; Beth Bailey, *Sex in the Heartland* (Cambridge, MA: Harvard University Press, 1999); Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950–1970* (Baltimore, MD: Johns Hopkins University Press, 1998); Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge, MA: Harvard University Press, 2000), especially 156–93; Jane Gerhard, *Desiring Revolution: Second-Wave Feminism and the Rewriting of American Sexual Thought, 1920 to 1982* (New York: Columbia University Press, 2001); Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 2000), especially 205–32; John D'Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States, 1940–1970* (Chicago: University of Chicago Press, 1998); Joyce Murdoch and Deb Price, *Courting Justice: Gay Men and Lesbians v. the Supreme Court* (New York: Basic Books, 2002).

6. Lynn Calmes Kohl, in Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987), 236–37. For a comparison study of how gender informed the nursing experiences of Australian Army nurses who served in Vietnam, see Narelle Biedermann, " 'Don't Forget Your Cotton Underwear Girls': Femininity and Australian Army Nurses in the Vietnam War," *Contemporary Nurse* 16:3 (April–June 2004): 228–35.

7. Quoted in Paul Hendrickson, *The Living and the Dead: Robert McNamara and Five Lives of a Lost War* (New York: Alfred A. Knopf, 1996), 247.

8. Quoted in "The Angels of Saigon," *Ebony* 21:10 (August 1966): 44.

9. On Vietnamese women soldiers, see Sandra C. Taylor, *Vietnamese Women at War: Fighting for Ho Chi Minh and the Revolution,* Modern War Studies (Lawrence: University of Kansas Press, 1999); Karen Gottschang Turner, *Even the Women Must Fight: Memories of War from North Vietnam* (New York: John Wiley and Sons, 1998).

10. Kathleen Barry, *Female Sexual Slavery* (New York: New York University Press, 1979), 70–76; Enloe, *Does Khaki Become You?* 32–37, and *Maneuvers,* 66–68. On the rape of Vietnamese women by American soldiers, see Susan Brownmiller, *Against Our Will: Men, Women, and Rape* (New York: Ballantine Books, 1993), 86–113.

11. Shirley Menard, in Dan Freedman and Jacqueline Rhoads, *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987), 112.

12. Mary Ellen Smith, interview by Sharon I. Richie, November 23, 1987, transcript p. 5, ANC Oral Histories, ANCA.

13. Karen Bush, in Freedman and Rhoads, *Nurses in Vietnam,* 80–81.

14. Pat Johnson, in Walker, *A Piece of My Heart,* 56.

15. Rhona Marie Knox Prescott, interview by Judith Kent, May 24, 2002, Library

of Congress Veterans History Project, May 24, 2002, http://lcweb2.loc.gov/diglib/vhp-stories/loc.natlib.afc2001001.01146 (accessed July 17, 2007).

16. Marguerite M. Giroux-Eckman, questionnaire by author, December 27, 2004, p. 8, in possession of the author.

17. Susan O'Neill, interview by Laura M. Calkins, March 16, 2004, telephone interview, transcript, p. 34, The Vietnam Archive, Texas Tech University (TVA, TTU).

18. Ibid., 35.

19. Ibid., 36.

20. "Julia Grabner Haskell: The Little Sister," in Tom Wiener, *Forever a Soldier: Unforgettable Stories of Wartime Service* (Washington, D.C.: Library of Congress with National Geographic, 2005), 125.

21. Jacqueline Navarra Rhoads, in Freedman and Rhoads, *Nurses in Vietnam,* 20, 13.

22. Clarine Weighill, interview by Connie Slewitzke, May 23, 1992, transcript, p. 2, ANC Oral Histories, ANCA.

23. Patricia Ryan, interview by Mary Sarnecky, May 22, 1992, transcript, p. 8, ANC Oral Histories, ANCA.

24. Barbara F. Kishpaugh, interview by Wynona Bice-Stephens and Susan Steinfeld, May 13, 1988, transcript, p. 74, ANC Oral Histories, ANCA.

25. Barbara Kishpaugh, interview by Connie Slewitzke, May 23, 1992, transcript, p. 4, ANC Oral Histories, ANCA.

26. Jill Ann Mishkel, in Walker, *A Piece of My Heart,* 128.

27. Jill Mishkel, in Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987), 142.

28. Judy Hartline Elbring, in Ron Steinman, *Women in Vietnam* (New York: TV Books, 2000), 157–58.

29. Karen "Kay" Johnson Burnette and Donna B. Cull Peck, in Walker, *A Piece of My Heart,* 195.

30. "Jane Piper," in *Strange Ground: Americans in Vietnam, 1945–1975: An Oral History,* ed. Harry Maurer (New York: Henry Holt, 1989), 283–84.

31. Mary Reynolds Powell, *A World of Hurt: Between Innocence and Arrogance in Vietnam* (Chesterland, OH: Greenleaf Enterprises, 2000), 5–6, quotation on 6.

32. Lynne Hudson, interview by Stephen Maxner, May 18, 2000, Lubbock, TX, transcript, p. 36, TVA, TTU.

33. Powell, *A World of Hurt,* 145.

34. Rose Sandecki, in Walker, *A Piece of My Heart,* 13.

35. Lottie James (pseudonym), questionnaire by author, April 4, 2004, p. 8, in possession of author.

36. Marie (pseudonym), questionnaire by author, July 9, 2004, p. 8, in possession of the author.

37. Barbara Price, questionnaire by author, n.d. [2004], p. 8, in possession of author.

38. Elizabeth P. Finn, questionnaire by author, June 5, 2004, p. 8, in possession of the author.

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40. Patricia T. Murphy, *End of Tour Report,* January 15, 1971, p. 5, 314.7 History, Vietnam, End of Tour Report, Murphy, Patricia 1971, ANCA.

41. James questionnaire, 6.

42. Constance G. Evans, interview by Kate Scott, November 10, 2003, p. 20, Women in Military Service to America (WIMSA) Oral History Program, WIMSA archives.

43. "Jane Piper," in Maurer, *Strange Ground,* 286.

44. Wendy Weller, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, p. 22, TVA, TTU.

45. Ibid., 24.

46. Mary L. Banigan, questionnaire by author, March 14, 2004, p. 3, in possession of the author.

47. Ibid., 8.

48. James questionnaire, 8.

49. C. G. Evans, interview by Scott, 19.

50. Margarethe Cammermeyer and Chris Fisher, *Serving in Silence* (New York: Viking, 1994), 101.

51. Names of the accuser and the accused have been redacted from the files. Summary of Testimony by 1LT _____, February 21, 1969, p. 1, IG Report 69-25 Alleged Rape and Other Matters in the 93rd Evacuation Hospital, IG Investigative Files, RG 472 Records of the United States Forces in Southeast Asia, NACP.

52. 1LT _____ testimony, 2.

53. Summary of Testimony by Mary A. Foley, February 19, 1969, p. 1, IG Report 69-25 Alleged Rape and Other Matters in the 93rd Evacuation Hospital, IG Investigative Files, RG 472 Records of the United States Forces in Southeast Asia, NACP.

54. Summary of Testimony by John J. Kovaric, February 19, 1969, p. 2, IG Report 69-25 Alleged Rape and Other Matters.

55. Ibid., 2–3.

56. Ibid., 3.

57. Memorandum to Jacob K. Javits and Henry C. Schadeberg, March 5, 1969, pp. 1–2; *Report of Investigation Concerning Alleged Rape and Other Matters in the 93rd Evacuation Hospital,* undated, p. 6, both in IG Report 69-25 Alleged Rape and Other Matters.

58. *Report of Investigation Concerning Alleged Rape,* 3.

59. Ibid., 6.

60. Ibid., 3.

61. Summary of Testimony by Audrey B. Polito, February 22, 1969, p. 1, IG Report 69-25 Alleged Rape and Other Matters.

62. *Report of Investigation Concerning Alleged Rape,* 3.

63. See Brownmiller, *Against Our Will.*

64. "Information for Army Nurse Corps Officers on Orders to Vietnam," June 20, 1967, p. 2, 314.7 History, Vietnam, Information for ANC Officers on Orders to Vietnam, ANCA.

65. Saralee McGoran, in Marshall, *In the Combat Zone,* 252–53, quotation on 252.

66. C. G. Evans, interview Scott, 15.

67. Charlotte Capozoli Miller, in Walker, *A Piece of My Heart,* 325.

68. Enloe, *Maneuvers,* 152.

69. Powell, *A World of Hurt,* 143, 145.

70. Weller, interview by author, 22.

71. Ibid., 23.

72. Adams, in Marshall, *In the Combat Zone,* 211–12, quotations on 212.

73. McGoran, in Marshall, *In the Combat Zone,* 252.

74. Barbara Price, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, p. 20, TVA, TTU.

75. Powell, *A World of Hurt,* 142.

76. On the ways society embraced a sexual double standard in which men were free to engage in sexual behaviors that women were not, see Bailey, *Sex in the Heartland* and *From Front Porch to Back Seat: Courtship in Twentieth-Century America* (Baltimore, MD: Johns Hopkins University Press, 1989); Watkins, *On the Pill*. On this double standard in war in particular, see Hegarty, *Victory Girls, Khaki-Wackies, and Patriotutes,* and Leisa D. Meyer, *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps During World War II* (New York: Columbia University Press, 1996).

77. Jeanne Rivera, in Freedman and Rhoads, *Nurses in Vietnam,* 64–65.

78. Hodge, in Walker, *A Piece of My Heart,* 270–71, quotation on 271.

79. Joan Waradzyn Thomas, in Freedman and Rhoads, *Nurses in Vietnam,* 161–62.

80. "Lauds Care of Viet Wounded," *Chicago Tribune,* May 9, 1966, 9.

81. William J. Brinker, "Nancy Randolph, Army Nurse: 'Ten Thousand Patients in Nine Months [and] All Downhill since Then,'" in *The Human Tradition in the Vietnam Era,* no. 5, The Human Tradition in America, ed. David L. Anderson (Wilmington, DE: Scholarly Resources, 2000), 121.

82. Kathleen Splinter, in Steinman, *Women in Vietnam,* 133.

83. Quoted in "The Angels of Saigon," 44.

84. Carolyn Tanaka, in Olga Gruhzit-Hoyt, *A Time Remembered: American Women in the Vietnam War* (Novato, CA: Presidio Press, 1999), 33. Also Carolyn Hisako Tanaka, *Road Runner* (self-published, October 2001), in possession of the author.

85. Lily Jean Lee Adams, in Walker, *A Piece of My Heart,* 385.

86. Lily (Lee) Adams, in Marshall, *In the Combat Zone,* 221–23.

87. Annee Yazzie Coots, interview by Kate Scott, September 27, 2003, transcript, p. 10, WIMSA Oral History Program, WIMSA archives.

88. Elizabeth Allen, in Steinman, *Women in Vietnam,* 90, 95.

89. Elbring, in Steinman, *Women in Vietnam,* 158.

90. Ibid., 148.

91. Lily (Lee) Adams, in Marshall, *In the Combat Zone,* 220.

92. Page Dougherty Delano argues that women in World War II used makeup "as a politically meaningful practice," specifically to affirm their individuality, to counter images of unfeminine military women, to assert their sexuality, and to resist masculine militarism. These uses also situated the women in a new understanding of the role of women in war, one that ran counter to ideas of republican motherhood, one that embraced women's wartime service as distinctly valuable. In these ways, "makeup both intimates that which is to keep woman from full citizenship and that which empowers her." Women's use of similarly gendered pigtails and perfume in Vietnam signified this complex role for them. As they embraced certain traditionally feminine markers, women affirmed their support for the army even as they visibly separated themselves from it. See Page Dougherty Delano, "Making up for War: Sexuality and Citizenship in Wartime Culture," *Feminist Studies* 26:1 (Spring 2000): 33–68, quotation on 35.

93. Elbring, in Steinman, *Women in Vietnam,* 148.

94. Lily Jean (Lee) Adams, in Steinman, *Women in Vietnam,* 65. See also Adams, in Walker, *A Piece of My Heart,* 396.

95. Christine McGinley Schneider, in Walker, *A Piece of My Heart,* 46, 47.

96. Shirley A. Purcell, interview by Sharon I. Richie, November 16, 1987, transcript, p. 51, ANC Oral Histories, ANCA.

97. Susan Gelfand Malka, *Daring to Care: American Nursing and Second-Wave Feminism* (Urbana: University of Illinois Press, 2007); Joan I. Roberts and Thetis M. Group, *Feminism and Nursing: An Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport, CT: Praeger, 1995), 187–260; Janet Muff, "Why Doesn't a Smart Girl Like You Go to Medical School? The Women's Movement Takes a Slap at Nursing," in *Socialism, Sexism, and Stereotyping: Women's Issues in Nursing,* ed. Janet Muff (St. Louis, MO: Mosby, 1982), 178–85; Jo Ann Ashley, "This I Believe about Power in Nursing," *NO* 21:10 (October 1973): 637–41; Wilma Scott Heide, "Feminist Activism in Nursing and Health Care," in *Socialization, Sexism, and Stereotyping,* 255–72; Norton Mockridge, "The New Nurses," *Washington Daily Times,* February 23, 1971, news clipping, Army Nurse Corps, Historical Info, General Subject Files, 1970–1979, Records of the Army Staff, RG 319, NACP.

98. For a discussion of the conflicted relationship of feminism and women in the military, see Joshua S. Goldstein, *War and Gender: How Gender Shapes the War System and Vice Versa* (Cambridge: Cambridge University Press, 2001), 34–58; Jean Bethke Elshtain, *Women and War* (New York: Basic Books, 1987), 231–44; Enloe, *Does Khaki Become You?* 6–17, 207–20; Jodi York, "The Truth about Women and Peace," in *The Women and War Reader,* eds. Lois Ann Lorentzen and Jennifer Turpin (New York: New York University Press, 1998), 19–25; April Carter, "Should Women be Soldiers or Pacifists?" in *The Women and War Reader,* 33–37; Francine D'Amico, "Feminist Perspectives on Women Warriors," in *The Women and War Reader,* 119–25; Ilene Rose Feinman, "Women Warriors / Women Peacemakers: Will the Real Feminists Please Stand Up!" in *The Women and War Reader,* 132–39; Sara Ruddick, " 'Woman of Peace': A Feminist Construction," in *The Women and War Reader,* 213–26; Nancy Scheper-Hughes, "Maternal Thinking and the Politics of War," in *The Women and War Reader,* 227–33; Sara Ruddick, *Maternal Thinking: Toward a Politics of Peace* (Boston: Beacon Press, 1989); Mary Fainsod Katzenstein, *Faithful and Fearless: Moving Feminist Protest inside the Church and Military* (Princeton, NJ: Princeton University Press, 1998); Ilene Rose Feinman, *Citizenship Rites: Feminist Scholars and Feminist Antimilitarists* (New York: New York University Press, 2000); Amy Swerdlow, *Women Strike for Peace: Traditional Motherhood and Radical Politics in the 1960s* (Chicago: University of Chicago Press, 1993); Laura Duhan Kaplan, "Woman as Caretaker: An Archetype That Supports Patriarchal Militarism," *Hypatia* 9:2 (Spring 1994): 123–33.

99. On the Equal Rights Amendment, see Milton J. Bates, "Men, Women, and Vietnam," in *America Rediscovered: Critical Essays on Literature and Film of the Vietnam War,* eds. Owen W. Gilman, Jr., and Lorrie Smith (New York: Garland Publishing, 1990), 27–63; Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left* (New York: Vintage Books, 1980), 179–85; Janet K. Boles, *The Politics of the Equal Rights Amendment: Conflict and the Decision Process* (New York: Longman, 1979), 34, 103, 170–71; Jane J. Mansbridge, *Why We Lost the ERA* (Chicago: University of Chicago Press, 1986), 60–89; Mary Frances Berry, *Why ERA Failed: Politics, Women's Rights, and the Amending Process of the Constitution,* Everywoman: Studies in History, Literature, and Culture (Bloomington: Indiana University Press, 1986), 63, 90, 102–4; Donald G. Mathews and Jane Sherron DeHart, *Sex, Gender, and the Politics of ERA* (New York: Oxford University Press, 1990), 46–47, 137–40; Linda K. Kerber, *No Constitutional Right*

to Be Ladies: Women and the Obligations of Citizenship (New York: Hill and Wang, 1998), 267–99. On women and the all-volunteer army, see Elizabeth L. Hillman, "The Female Shape of the All-Volunteer Force," in *Iraq and the Lessons of Vietnam: Or, How Not to Learn from the Past,* eds. Lloyd C. Gardner and Marilyn B. Young (New York: Free Press, 2007), 150–61.

100. Emily Woods (pseudonym), questionnaire by author, April 15, 2004, p. 13, in possession of the author.

101. Sharon Stanley-Alden, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, pp. 9–13, quotation on 10, TVA, TTU. See also Sharon Lea Stanley-Alden, questionnaire by author, April 29, 2004, p. 3, in possession of the author.

102. Sandra M. Talbert, questionnaire by author, December 31, 2004, p. 9, in possession of author.

103. Diane Carlson Evans, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 26, TVA, TTU.

104. Mishkel, in Walker, *A Piece of My Heart,* 132–33.

105. Joan Garvert, in Steinman, *Women in Vietnam,* 111.

106. Brinker, "Nancy Randolph, Army Nurse," 129.

107. Mishkel, in Marshall, *In the Combat Zone,* 144. See also Mishkel in Walker, *A Piece of My Heart,* 130.

108. Sharon Grant Wildwind, questionnaire by author, April 29, 2004, p. 11, in possession of author.

109. Giroux-Eckman questionnaire, 10. Grace Sevy considers the impact of the war on conservative women's political ideology. See "Lessons of the War: The Effects of Disillusionment on the Consciousness and Political Thinking of Conservative Women Veterans," *Minerva* 4:2 (Summer 1986): especially 120–28.

110. Historians have observed similar beliefs among women in labor organizations during the 1960s. See Nancy F. Gabin, *Feminism in the Labor Movement: Women and the United Auto Workers, 1935–1975* (Ithaca, NY: Cornell University Press, 1990); Dorothy Sue Cobble, *The Other Women's Movement: Workplace Justice and Social Rights in Modern America* (Princeton, NJ: Princeton University Press, 2004); Dorothy Sue Cobble, "Recapturing Working-Class Feminism: Union Women in the Postwar Era," in *Not June Cleaver: Women and Gender in Postwar America, 1945–1960,* ed. Joanne Meyerowitz (Philadelphia, PA: Temple University Press, 1994), 57–83; Deslippe, *"Rights, Not Roses."*

111. Peggy Mikelonis, questionnaire by author [n.d., December 2003], p. 10, in possession of author.

112. Price questionnaire, 10.

113. Mary Curts, interview by author, March 24, 2004, Tampa, FL, tape recording and transcript, p. 31, TVA, TTU.

114. Leslie A. Cormier, questionnaire by author, September 1, 2004, p. 5, in possession of author.

115. Sara J. McVicker, questionnaire by author, July 3, 2004, p. 10, in possession of the author.

116. Bernadette Palya Miller, questionnaire by author, March 29, 2004, p. 10, in possession of author.

117. Hannah Wynne, interview by author, May 28, 2004, San Antonio, TX, tape recording and transcript, p. 24, TVA, TTU.

118. Ibid., 25.

119. Jennifer Lundberg, interview by author, March 23, 2004, Tampa, FL, tape recording and transcript, p. 26, TVA, TTU.

120. Ibid., 27.

121. Rose Mary Burke, questionnaire by author, May 1, 2004, p. 10, in possession of the author.

122. Stanley-Alden, interview by author, 13; Mary Dickinson, in Gruhzit-Hoyt, *A Time Remembered,* 29. See also Myra MacPherson, *Long Time Passing,* new ed. (Bloomington: Indiana University Press, 2001), 446–51. By contrast, the liberal American Veterans Committee embraced progressive roles for women in the military and advocated for women veterans' issues. See June A. Willenz, "American Veterans Committee Champions Military Women and Women Veterans," *Minerva* 1:1 (Spring 1983): 6–13.

123. MacPherson, *Long Time Passing,* 446.

124. Lynda Van Devanter, *Home Before Morning: The Story of an Army Nurse in Vietnam* (Amherst: University of Massachusetts Press, 2001), 286–91; "Women Veterans Committee." www.vva.org/Committees/WomenVeterans/index.html (accessed July 22, 2008).

125. Peggy Mikelonis, interview by author, December 22, 2003, Tampa, FL, tape recording and transcript, p. 21, TVA, TTU.

126. Kohl, in Walker, *A Piece of My Heart,* 243–44, quotation on 244.

127. *Veterans Health Care Amendments of 1983* (Public Law 98-160), *United States Statutes at Large* 97 Stat. 993; *Veterans' Benefits Improvement Act of 1994* (Public Law 103-446), *United States Statutes at Large* 108 Stat. 4645. The Veterans Administration was formally renamed the Department of Veterans Affairs when it became a cabinet-level department in 1989. On women veterans' involvement in these laws, see Pete Earley, "Inside: The Veterans Administration" *Washington Post,* August 24, 1983, A25; Pete Earley, "Inside: The Veterans Administration" *Washington Post,* March 4, 1983, A13; Lynda Van Devanter, "VVA's Women Veterans Project Carries Issues to Congress and to Public," *Minerva* 1:1 (Spring 1983): 14–20; U.S. House of Representatives, Committee on Veterans' Affairs, *VA Health Care for Women and H.R. 1137,* 98th Cong., 1st sess. (March 3, 1983); U.S. Senate, Committee on Veterans' Affairs, *Veterans' Health Care and Programs Improvement Act of 1983,* 98th Cong., 1st sess. (March 9–10), 1983; Kimberly Laina Heikkila, "G.I. Gender: Vietnam War–Era Women Veterans and U.S. Citizenship" (Ph.D. dissertation, University of Minnesota, 2002), 252–316; Enloe, *Maneuvers,* 226–27.

128. Mikelonis, interview, 19–21, quotation on 21.

129. Sandecki, in Walker, *A Piece of My Heart,* 8, 19–20, quotation on 19.

CHAPTER SEVEN: "Not All Women Wore Love Beads in the Sixties"

Epigraph: Winnie Smith, *American Daughter Gone to War: On the Front Lines with an Army Nurse in Vietnam* (New York: Pocket Books, 1992), 326.

1. It is important to note that while the debate about *Home Before Morning* primarily involved nurses, *China Beach* and the Vietnam Women's Memorial both sought to depict and commemorate the experiences of other women who served in Vietnam. The Vietnam Women's Memorial in particular elicited much debate among women who were not nurses but who served in the war over the degree to which the public associated women in the war with nursing. My concern here, however, is with how these public images portrayed nurses and how that memory reshaped the gendered understandings of nurses in the postwar era. On the debate about the Vietnam Women's Memorial

and its inclusion of non-nurses, see Kimberly Laina Heikkila, "G.I. Gender: Vietnam War–Era Women Veterans and U.S. Citizenship" (Ph.D. dissertation, University of Minnesota, 2002), 197–267.

2. See Kristin Ann Haas, *Carried to the Wall: American Memory and the Vietnam Veterans Memorial* (Berkeley: University of California Press, 1998); Fred Turner, *Echoes of Combat: The Vietnam War in American Memory* (New York: Anchor Books, 1996); Susan Jeffords, *The Remasculinization of America: Gender and the Vietnam War,* Theories of Contemporary Culture, vol. 10 (Bloomington: Indiana University Press, 1989); Marita Sturken, *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering* (Berkeley: University of California Press, 1997).

3. Carol Lynn Mithers, "Missing in Action: Women Warriors in Vietnam," in *The Vietnam War and American Culture,* eds. John Carlos Rowe and Rick Berg, The Social Foundations of Aesthetic Forms (New York: Columbia University Press, 1991), 89. For a study of how Vietnam War nurses' memories focus on the death they encountered, see Carol Acton, "Bodies Do Count: American Nurses Mourn the Catastrophe of Vietnam," in *The Memory of Catastrophe,* eds. Peter Gray and Kendrick Oliver (Manchester, UK: Manchester University Press, 2004), 158–70.

4. On war, masculinity, and the challenges women pose, see Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End Press, 1983) and *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000); Cecilia Elizabeth O'Leary, *To Die For: The Paradox of American Patriotism* (Princeton, NJ: Princeton University Press, 1999), 30–37, 73–104; Kimberly Jensen, "Women, Citizenship, and Civic Sacrifice: Engendering Patriotism in the First World War," in *Bonds of Affection: Americans Define Their Patriotism,* ed. John Bodnar (Princeton, NJ: Princeton University Press, 1996), 139–59.

5. Mithers, "Missing in Action," 81.

6. Mary Reynolds Powell, *A World of Hurt: Between Innocence and Arrogance in Vietnam* (Chesterland, OH: Greenleaf Enterprises, 2000), vii.

7. Lynda Van Devanter with Christopher Morgan, *Home Before Morning: The Story of an Army Nurse in Vietnam* (New York: Beaufort Books, 1983). The University of Massachusetts Press reissued the book in 2001 with a new afterword: Lynda Van Devanter, *Home Before Morning: The Story of an Army Nurse in Vietnam* (Amherst: University of Massachusetts Press, 2001).

8. Smith, *American Daughter Gone to War,* 7; Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987), 3–4; Leslie McClusky (pseudonym), in Marshall, *In the Combat Zone,* 60; Lily (Lee) Adams, in Marshall, *In the Combat Zone,* 227; Dan Freedman and Jacqueline Rhoads, *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987), x; Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987), xii; Anne Simon Auger, in Walker, *A Piece of My Heart,* 104–5; Lily Jean Lee Adams, in Walker, *A Piece of My Heart,* 403–4; Georgia Duella, "Like Men Who Fought, They Tell of Anxiety and Painful Recall," *New York Times* (*NYT*), March 23, 1981, B12.

9. Display Ad 116, *Washington Post,* May 8, 1983, BW8; quotations from Carol Van Strum, "Healing and Hurting in Vietnam," review of *Home Before Morning, Washington Post,* April 11, 1983, B6.

10. Display Ad 246, *NYT,* April 24, 1983, BR6.

11. Marilyn Beck, "Field Works to Bring Morning to the Light of Day," *Baton Rouge Morning Advocate,* February 15, 1985; Sandra G. Boodman, "War Story: Ex-Army Nurse's Book on Horrors of Vietnam Renews Old Controversy," *Washington Post,* May 23, 1983, C1; Fay Rosenthal to Patricia L. Walsh, September 2, 1983, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General, Falls Church, Virginia, (ANCA).

12. Patricia L. Walsh, *Forever Sad the Hearts* (New York: Avon Books, 1982); Bernard Weinraub, "Civilian Wounded Keep a Danang Hospital Busy," *NYT,* August 27, 1967, 3 [note that Patricia L. Walsh is Patricia Maher in 1967]; "Director Frank Capra Turns 90," *Dallas Morning News,* May 18, 1987, 5C; "People," *Newsday* (Melville, NY), May 19, 1987, 9.

13. Patricia L. Walsh to Paul Alberghetti, April 30, 1984, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," ANCA.

14. Record of telephone conversation, October 24, 1984, "Film Home Before Morning"; Patricia L. Walsh to Mary Frank, November 27, 1984; Walsh to Alberghetti; Jared Jussim to Patricia L. Walsh, June 25, 1984, all in 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," ANCA.

15. Beck, "Field Works to Bring Morning to the Light of Day." See also "Nurses Dispute and Defend Memoir on Life in Vietnam War," *NYT,* February 12, 1985, A20.

16. "Nurses Against Misrepresentation," one-page statement, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," ANCA.

17. I spoke with Jared Jussim in November 2004 about NAM's protest. He remembered the debate about the film but because of legal precautions could not comment further or release any records or letters that Columbia Pictures may still have.

18. "Nurses Against Misrepresentation," three-page statement, p. 3, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," ANCA.

19. Boodman, "War Story," C1.

20. Catherine Betz, interview by Mary Sarnecky, May 23, 1992, transcript, p. 9, ANC Oral History Program, ANCA.

21. See Van Devanter, *Home Before Morning* (1983), 159–61, 182–83. For articles on the 1969 Thanksgiving Day fast, see Ralph Blumenthal, "Protesting G.I.'s in Pleiku to Fast on Thanksgiving," *NYT,* November 24, 1969, 3; Ralph Blumenthal, "100 G.I.'s in Pleiku Fast for Holiday," *NYT,* November 28, 1969, 18; "GI Fast in Pleiku May Bring Reprisal," *NYT,* November 26, 1969, 7; "Army Warns GIs in Vietnam Planning Fast Against War," *Washington Post,* November 26, 1969, A10; Lawrence Van Gelder, "Repasts, Rock and Big Parade on Thanksgiving Day Menu," *NYT,* November 27, 1969, 51. Van Devanter believed that her antiwar beliefs led to much of the criticism of her book. See Boodman, "War Story," C7.

22. See Van Devanter, *Home Before Morning* (1983), 89–91, 104–6, 108–10, 162, 189–92, 227–28, 244–45, 248–49, 258–60, 263, 281–84. Jill Ker Conway shows that nurses' memoirs follow this pattern of a nurse whose idealism is shattered by war, but who adapts and then buries her memories after coming home. See Jill Ker Conway, *When Memory Speaks: Reflections on Autobiography* (New York: Knopf, 1998), 84–86.

23. First two quotations in Amelia J. Carson, letter to the editor, *Washington Post,* June 4, 1983, A18; Connie Slewitzke, interview by Beverly Greenlee, 1988, transcript, pp. 10–11, Project 1988-8, vol. 1, U.S. Army Military History Institute, Carlisle Barracks, PA (USAMHI). Third quotation in "Nurses Against Misrepresentation," one-page statement.

24. Telephone or verbal conversation record, September 24, 1984, 314.7 History, Vietnam, Casualty Evacuation, 24 September 1984; Patricia L. Walsh to Mary E. V. Frank, December 18, 1984, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Heart," both in ANCA. Even Van Devanter expressed concern about accuracy in the representation of Vietnam War nurses. In a 1991 interview with Cleveland's *Plain Dealer,* she said that she was presented with fourteen scripts for the film version of *Home Before Morning* and that she refused to allow them to be used because they were "terrible," "none of them remotely resembled reality," and the scriptwriters had "overdramatized, fictionalized, tawdryized, Hollywoodized" her experience. See Michele Leslie, "Witness to War: Truth of the Matter through Eyes of a Woman Who Was There," *Plain Dealer* (Cleveland), May 18, 1991, 7D, 12D.

25. As Paul Budra and Michael Zeitlin argue, "If truth, then, is a matter of correspondence between a narrative account and a verifiable reality, it is also a matter of power and politics, of who is in control of its definition, production, and distribution." Paul Budra and Michael Zeitlin, eds., *Soldier Talk: The Vietnam War in Oral Narrative* (Bloomington: Indiana University Press, 2004), 7.

26. Boodman, "War Story," C1, C7.

27. Carson, letter to the editor.

28. Susan Jeffords argues that the antiwar protests and societal disillusionment that resulted from the war should be read in the context of the civil rights movement's and women's movements' challenges to white male authority. In that light, she argues that most popular representations of the war "should be seen in gendered terms as efforts to reestablish the social value of masculinity and restabilize the patriarchal system of which it is a part." Van Devanter's antiwar activity, in this analysis, challenged the ideals of martial masculinity and linked her in popular thought to feminism's similar challenge. See Susan Jeffords, "Women, Gender, and the War," *Critical Studies in Mass Communications* 6:1 (March 1989): 87. For works that deal specifically with the image of the female antiwar protestor, see Jerry Lembecke, *The Spitting Image: Myth, Memory, and the Legacy of Vietnam* (New York: New York University Press, 1998); 1–10, 71–83, 127–43; Amy Swerdlow, *Women Strike for Peace: Traditional Motherhood and Radical Politics in the 1960s* (Chicago: University of Chicago Press, 1993); Alice Echols, " 'Women Power' and Women's Liberation: Exploring the Relationship Between the Antiwar Movement and the Women's Liberation Movement," in *Give Peace a Chance: Exploring the Vietnam Antiwar Movement: Essays from the Charles DeBenedetti Memorial Conference,* eds. Melvin Small and William D. Hoover (Syracuse, NY: Syracuse University Press, 1992), 171–81.

29. Mildred Clark, interview by Nancy R. Adams, 1986, transcript, pp. 218–19, quotation on 218, Project 86-2, USAMHI.

30. "Nurses Against Misrepresentation," three-page statement, 3.

31. Van Devanter, *Home Before Morning* (1983), 108. Walsh's objection to the passage is in "Nurses Dispute and Defend," A20.

32. Patricia L. Walsh to Sally Field, July 22, 1983, p. 1, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," ANCA.

33. Patricia L. Walsh to Sally Field, April 30, 1984, p. 1, 314.7 History, Vietnam, Comments on Studies, Books—"Home Before Morning" and "Forever Sad the Hearts," ANCA.

34. "Nurses Against Misrepresentation," three-page statement, 1.

35. Walsh to Field, July 22, 1983, 1.

36. Walsh to Field, April 30, 1984, 1.

37. Van Devanter, *Home Before Morning* (1983), 105–6.

38. Powell, *A World of Hurt,* 137–39; Edie McCoy Meeks and Jane Marks, "Making Peace with the Past: One Woman's Story," *McCall's* (March 1994): 54; John Kildea, *No Names, No Faces, No Pain: A Voice from Vietnam* (Westminster, MD: Eagle Editions, 2006), 22–23. For an interpretation of female veterans' reluctance to discuss sexuality, see Cheryl A. Shell, "Making Sense of Vietnam and Telling the Real Story: Military Women in the Combat Zone," *Vietnam Generation* 1:3–4 (1989): 64.

39. Van Devanter, *Home Before Morning* (1983), 109.

40. Boodman, "War Story," C1; Virginia Knox, interview by Connie Slewitzke, October 1992, transcript, p. 5, ANC Oral Histories, ANCA.

41. Walsh to Field, July 22, 1983, 1.

42. On the sexual revolution and its interpretations in the 1980s, see David Allyn, *Make Love, Not War: The Sexual Revolution, an Unfettered History* (Boston: Little, Brown, 2000), chapter 21; John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper and Row, 1988), 301–77; Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Viking, 2000), especially chapter 6.

43. Boodman, "War Story," C1.

44. Marge Canfield, interview by author, May 29, 2004, San Antonio, TX, tape recording and transcript, p. 20, The Vietnam Archive, Texas Tech University (TVA, TTU).

45. Patricia Lough O'Daly, letter to the editor, *Washington Post,* June 4, 1983, A18.

46. Slewitzke, interview by Greenlee, 10.

47. Anne Miles, interview by Wynona Bice-Stephens and Susan Steinfeld, May 14, 1989, pp. 19–21, quotations on 19 and 20, ANC Oral Histories, ANCA. For other discussions of Van Devanter and her book in these interviews, see Barbara F. Kishpaugh, interview by Wynona Bice-Stephens and Susan Steinfeld, May 13, 1988, transcript, p. 79, ANC Oral Histories, ANCA; Shirley A. Purcell, interview by Sharon I. Richie, November 16, 1987, transcript, p. 47, ANC Oral Histories, ANCA; Betz, interview by Sarnecky, 9.

48. Purcell, interview by Richie, 47.

49. Ibid., 51.

50. Matt Roush, "Vietnam's Prime-Time Tour of Duty," *USA Today,* April 26, 1988, 3D; Mark Morrison, " 'China Beach' Salutes the Women of Vietnam: Let's Hear It for the Girls," *Rolling Stone* 526 (May 19, 1988): 75, 76, 79.

51. Morrison, " 'China Beach' Salutes the Women of Vietnam," 79.

52. Roush, "Vietnam's Prime-Time Tour of Duty," 3D.

53. Richard Zoglin, "War as Family Entertainment," *Time,* February 20, 1989, www.time.com/time/magazine/article/0,9171,957090,00.html (accessed July 30, 2007).

54. Zoglin, "War as Family Entertainment." See also Carolyn Reed Vartanian, "Women Next Door to War: *China Beach,*" in *Inventing Vietnam: The War in Film and Television,* ed. Michael Anderegg, Culture and the Moving Image (Philadelphia, PA: Temple University Press, 1991), 190–203.

55. *China Beach,* "The Rumor of Peace," season 3, episode 40, first broadcast February 7, 1990, by ABC, directed by Neema Barnette, written by Josef Anderson.

56. Roush, "Vietnam's Prime-Time Tour of Duty," 3D.

57. Display Ad 27, *NYT,* April 26, 1988: A32.

58. Display Ad 27. Original quotation in Tom Shales, "Dark, Potent 'China Beach': On ABC, a Drama Series about Women in Vietnam," *Washington Post,* April 26, 1988, B1. M. Elaine Dolan Brown noted, "The war is too often made to appear a stage for youth at play, rather than a nightmare setting for youth in terror." See M. Elaine Dolan Brown, "The Television War: Treatment of Gender and the Vietnam Experience in Network Television Drama in the 1988–89 Season," *Vietnam Generation* 1:3–4 (1989): 68–73, quotation on 73.

59. Morrison, "'China Beach' Salutes the Women of Vietnam," quotation and photograph both on 75.

60. *China Beach,* "China Beach (1)" and "China Beach (2)," season 1, episodes 1 and 2, first broadcast April 26, 1988, by ABC, directed by Rod Holcomb, written by William Broyles, Jr., and John Sacret Young. Note: Episode lists for the series differ in how they number the episodes. For clarity, I specify in which season an episode ran and number the episodes sequentially, with the two-hour premiere as episodes 1 and 2.

61. *China Beach,* "The World (2)," season 2, episode 25, first broadcast May 3, 1989, by ABC, directed by John Wells, written by John Sacret Young.

62. *China Beach,* "Where the Boys Are," season 2, episode 19, first broadcast March 8, 1989, by ABC, directed by Michael Rhodes, written by Alan Brennert.

63. *China Beach,* "Women in White," season 2, episode 13, first broadcast January 4, 1989, by ABC, directed by Sharron Miller, written by Patricia Green.

64. *China Beach,* "The Rumor of Peace."

65. Quotation in Roush, "Vietnam's Prime-Time Tour of Duty," 3D.

66. *China Beach,* "A Hot Spell," season 1, episode 4, first broadcast May 4, 1988, by ABC, directed by Beth Hillshafer, written by Susan Rhinehart.

67. *China Beach,* "Cherry," season 2, episode 16, first broadcast February 1, 1989, by ABC, directed by Mimi Leder, written by Susan Rhinehart.

68. Monica Collins, "Women and War Hit the 'Beach,'" *USA Today,* April 26, 1988, 1D.

69. *China Beach,* "China Beach (1)."

70. *China Beach,* "Magic," season 3, episode 36, first broadcast January 3, 1990, by ABC, directed by Mimi Leder, written by John Wells.

71. *China Beach,* "Women in White."

72. *China Beach,* "China Beach (1)."

73. *China Beach,* "Crossing the Great Water," season 2, episode 17, first broadcast February 8, 1989, by ABC, directed by Mimi Leder, written by Carol Flint.

74. *China Beach,* "China Beach (2)."

75. *China Beach,* "The World (2)."

76. John Carlos Rowe argues that the series "reinscribes the nuclear family and its conventional roles of patriarchal social authority and the illusion of maternal domesticity." The women in the series, though, represent multiple types of femininity, maternal and otherwise. See John Carlos Rowe, "From Documentary to Docudrama: Vietnam on Television in the 1980s," *Genre* 21 (Winter 1988): 299–325, quotation on 321.

77. *China Beach,* "China Beach (2)."

78. *China Beach,* "The World (1)" and "The World (2)."

79. *China Beach,* "Fever," season 4, episode 52, first broadcast November 3, 1990, by ABC, directed by Diane Keaton, written by Lydia Woodward; *China Beach,* "Juice," season 4, episode 53, first broadcast November 10, 1990, by ABC, directed by John Sacret Young, written by John Sacret Young; *China Beach,* "I Could Have Danced All Night . . . But Didn't," season 4, episode 57, first broadcast June 4, 1991, by ABC, directed by Michael Fresco, written by Cathryn Michon; *China Beach,* "Through and Through," season 4, episode 62, first broadcast July 16, 1991, by ABC, directed by Mimi Leder, written by Carol Flint; *China Beach,* "Hello Goodbye (1)," season 4, episode 63, first broadcast July 22, 1991, by ABC, directed by John Sacret Young, written by John Wells; *China Beach,* "Hello Goodbye (2)," season 4, episode 64, first broadcast July 22, 1991, by ABC, directed by John Sacret Young, written by John Wells.

80. Matt Roush, "Show Gives Vets a Chance to Share Pain," *USA Today,* March 14, 1989, 3D.

81. Quoted in Zenia Cleigh, " 'China Beach'—Image vs. Memory—Intensity Rings True, Sexy Focus Does Not, Say Women Who Served," *Evening Tribune* (San Diego), May 4, 1988, E-1.

82. Elizabeth Norman, "Nurses in Vietnam: Beyond TV's Stereotypes," *NYT,* May 28, 1989, H23.

83. William Broyles, Jr., "Defending 'China Beach,' " *Los Angeles Times,* May 21, 1988, calendar, 6-2.

84. Stacy Jenel Smith, "A Time of Blood and Reality for the 'China Beach' Troupe—Vietnam Veterans Share Their Wartime Experiences with TV Series' Company," *Los Angeles Times,* October 9, 1988, calendar, 7.

85. Howard Rosenberg, "Viet Vets Add Drama to 'China Beach,' 'Nightline,' " *Los Angeles Times,* March 15, 1989, calendar, 6-1.

86. Quoted in Kim Heikkila, "Citizen Jane: *China Beach,* the Vietnam Women's Memorial, and U.S. Popular Memory," paper presented at the Popular Culture Association Conference, April 13, 2001, available at http://illyria.com/vnheikkila.html (accessed August 2, 2007).

87. Roush, "Show Gives Vets a Chance to Share Pain," 3D.

88. Dana Delaney even wrote an article for *USA Today* in which she advocated support for the Vietnam Women's Memorial. See Dana Delaney, "Women Vets Deserve Our Thanks," *USA Today,* November 10, 1989, 15A.

89. Laura R. Vande Berg, "*China Beach,* Prime Time War in the Postfeminist Age: An Example of Patriarchy in a Different Voice," *Western Journal of Communication* 57 (Summer 1993): 349–66, quotation on 350.

90. Quoted in Vietnam Women's Memorial Project (VWMP), "Celebration of Patriotism and Courage, Dedication of the Vietnam Women's Memorial, November 10–12, 1993" Washington, D.C., Vietnam Women's Memorial Project, 1993, 31.

91. Quoted in VWMP, "Celebration of Patriotism and Courage," 32.

92. Fred T. Abdella, "Memorial to Women Veterans is Sought," *NYT,* April 10, 1988, section 12, 2. See also Heikkila, "G.I. Gender," 247 n. 166; Turner, *Echoes of Combat,* 240 n. 178; Enloe, *Maneuvers,* 227–28; Tom Engelhardt, "The Victors and the Vanquished," in *History Wars: The* Enola Gay *and Other Battles for the American Past,* ed. Edward T. Linenthal and Tom Engelhardt (New York: Metropolitan Books, 1996), 223; Robin Wagner-Pacifici, " 'Talking Lords Who Dare Not Face the Foe': Civilian Rule and the Military Notion of Patriotism in the Clinton Presidency," in *Bonds of Affection,* 316.

93. Diane Carlson Evans, interview by author, May 1, 2004, Salt Lake City, tape recording and transcript, p. 31, TVA, TTU.

94. Diane Carlson Evans, "Moving a Vision" www.vietnamwomensmemorial.org/pages/pdf/dcevans.pdf (accessed November 1, 2003).

95. To distinguish, I will use "Vietnam Veterans Memorial" to refer to the collection of memorials, including the Wall, the Hart statue, the flag, and (after its dedication), the Vietnam Women's Memorial. I will refer to Maya Lin's design specifically as "the Wall."

96. D. Evans, interview by author, 32.

97. Donna-Marie Boulay and Diane Carlson Evans, "Vietnam Nurses Memorial Project Raising Funds for Bronze Statue," *Minerva* 2:3 (September 1984): 20. Brodin also created four thirty-three-inch models to use in publicity and fund-raising. See Karal Ann Marling and John Wetenhall, "The Sexual Politics of Memory: The Vietnam Women's Memorial Project and 'The Wall,' " *Prospects* 14 (1989): 352.

98. D. Evans, interview by author, 38.

99. Ibid., 37.

100. Ibid., 39–40, quotations on 39.

101. The Vietnam Veterans Memorial Fund is the organization that raised money and support for the Wall.

102. Commission of Fine Arts (CFA) meeting transcript, April 19, 1990, 97–98, Commission of Fine Arts Case Files, at the CFA offices, National Building Museum, Washington, D.C. (CFA WDC).

103. The National Capital Memorial Commission (NCMC) advised the Secretary of the Interior on matters related to commemorative works in the Washington, D.C. area. Its members included the Director of the National Park Service, the Architect of the Capitol, the Chairman of the American Battle Monuments Commission, the Chairman of the Commission of Fine Arts, the Chairman of the National Capital Planning Commission, the Mayor of the District of Columbia, the Commissioner of Public Building Service in the General Services Administration, and the Secretary of the Department of Defense. The CFA and NCPC regulate the artistic and architectural development of Washington, D.C. See *Act of Nov. 14, 1986* (Public Law 99-652), *United States Statutes at Large* 100 Stat. 365D.

104. VWMP, "Celebration of Patriotism and Courage," 12; Donald Paul Hodel to J. Carter Brown, October 21, 1987, CFA, Vietnam Women's Memorial, CFA WDC.

105. CFA meeting transcript, October 22, 1987, CFA WDC, 10.

106. Ibid., 31.

107. Ibid., 37. The VWMP hoped that the statue would complete the Vietnam Veterans Memorial through its location at the east of the Wall, opposite Hart's statue. CFA meeting transcript, October 22, 1987, 51–53.

108. Ibid., 16–23, quotation on 23.

109. Ibid., 28.

110. Ibid., 58.

111. Ibid., 45. Sandy Fornshill read Wheeler's statement in his absence at the hearing. The VVMF transferred control of the Vietnam Veterans Memorial (except that Frederick Hart retained the copyright to his statue) to the federal government on November 11, 1984. Part of the conveyance stipulated that any changes made to the memorial would first be discussed by the VVMF, so the VVMF's approval was of great significance. See memorandum of conveyance, November 11, 1984, in U.S. Senate, Committee on

Energy and Natural Resources, Subcommittee on Public Lands, National Parks, and Forests, *Vietnam Women's Memorial,* 100th Cong., 2nd sess. (February 23, 1988).

112. CFA meeting transcript, October 22, 1987, 77.

113. Ibid., 64.

114. J. Carter Brown to Donald Hodel, October 28, 1987, quotations on 1 and 2, CFA, Vietnam Women's Memorial, CFA WDC.

115. CFA meeting transcript, October 22, 1987, 84.

116. Ibid., 85, 90. Four members of the commission voted against the proposal, one for it, with Hart abstaining. Hart recognized the apparent conflict in interest in his sitting on the CFA and queried the government ethics office if he should remove himself from discussion of the VWMP's proposal. The office responded that Hart did not need to do so. He voiced his opposition to the women's memorial during the discussion but abstained from voting. See Charles Atherton to Frederick Hart, October 16, 1987, CFA 22/OCT/87-1, Vietnam Memorial, Addition of Statue Representing Women in the Military Who Served in Vietnam, CFA WDC; CFA meeting transcript, October 22, 1987, 81–83.

117. Benjamin Forgey, "Commission Vetoes Vietnam Women's Statue," *Washington Post,* October 23, 1987, B1, B2.

118. Benjamin Forgey, "Women and the Wall," *Washington Post,* October 22, 1987, E1. See also Benjamin Forgey, "The Wall, Complete," *Washington Post,* February 13, 1988, B1, B8, B9.

119. Bill Nichols, "Female Vets No Longer a Forgotten Minority," *USA Today,* November 10, 1989, 6A.

120. Form letter from the Vietnam Women's Memorial Project, October 23, 1987, CFA 22/OCT/87-1, Vietnam Memorial, Addition of Women's Statue (letters), CFA WDC.

121. Cathleen M. Cassidy to Mr. Brown, November 7, 1987; J. Carter Brown to Cathleen M. Cassidy, December 16, 1987, both in CFA 22/OCT/87-1, Vietnam Memorial, Addition of Women's Statue (letters), CFA WDC. See also Lily Jean Adams to Charles Atherton, November 5, 1987; J. Carter Brown to Lily Jean Adams, December 16, 1987; Deirdre Sullivan to J. Carter Brown, January 11, 1988; J. Carter Brown to Deirdre Sullivan, April 4, 1988, all in CFA 22/OCT/87-1, Vietnam Memorial, Addition of Women's Statue (letters), CFA WDC.

122. U.S. Senate, *Vietnam Women's Memorial,* 100th Cong., 2nd sess., *Congressional Record* 134 (February 4, 1988). This bill was an amended version of two separate bills (S.J. 215 and S.J. 1896) introduced in November 1987 by Durenberger and Alan Cranston (D-CA), respectively. Their individual bills differed in the amount of authority granted to the CFA. The new bill, S. 2042 allowed the CFA to veto the memorial but included strong statements of congressional desire for it.

123. Senate, *Vietnam Women's Memorial,* 8.

124. Evans, "Moving a Vision."

125. Senate, *Vietnam Women's Memorial,* 8.

126. Ibid., 97

127. Ibid., 83.

128. D. Evans, interview by author, 33.

129. The original article appeared as William V. Kennedy, "Dusty's Pain," *Washington Post,* November 22, 1987, 52. In the Senate record, in *Vietnam Women's Memorial Project,* 100th Cong., 2nd sess., *Congressional Record* 134 (June 14, 1988).

130. Senate, *Vietnam Women's Memorial,* 71.

131. Ibid., 109.

132. Ibid., 123.

133. Ibid., 134.

134. Senate, *Vietnam Women's Memorial Project.*

135. Kara Swisher, "Action on the Women's Memorial," *NYT,* June 22, 1988, C1; U.S. House of Representatives, *Report 100-948: Vietnam Women's Memorial,* 100th Cong., 2nd sess. (September 22, 1998); U.S. House of Representatives, *Authorizing Vietnam Women's Memorial Project, Inc., to Construct a Statue at the Vietnam Veterans' Memorial,* 100th Cong., 2nd sess., *Congressional Record* 134 (September 23, 1988); U.S. Senate, *Vietnam Women's Memorial Project; Cranston Amendment No. 3675,* 100th Cong., 2nd sess., *Congressional Record* 134 (October 12, 1988); U.S. House of Representatives, *Authorizing Construction of Statue of Vietnam Veterans Memorial in Honor of Women Who Served in Vietnam Conflict,* 100th Cong., 2nd sess., *Congressional Record* 134 (October 21, 1988); U.S. Senate, *Vietnam Women's Memorial Project,* 100th Cong., 2nd sess., *Congressional Record* 134 (October 21, 1988).

136. *Veterans' Benefits Improvement Act of 1994* (Public Law 100-660) *United States Statutes at Large* 108 Stat. 4645.

137. *Act of Nov. 28, 1989* (Public Law 101-187), *United States Statutes at Large* 103 Stat. 1350. November 28, 1989. The 1988 law included a clause indicating Congress's intent that "it would be fitting and appropriate to place the memorial within the 2.2 acres of the Vietnam Veterans Memorial," but the clause was not binding in law. The 1989 law specified that the project's memorial would be built at that site. See also memorandum to Director, National Park Service, March 9, 1989, Meeting of the National Capital Memorial Commission, p. 2, National Park Service, National Capital Region offices, Washington D.C.

138. "Vietnam Women's Memorial Project One-Stage Open Design Competition Program," 6, CFA WDC.

139. The two cofinalists were Eileen Barry, who had designed a bronze statue of a woman holding her helmet at her side, and Robert Desmond, who proposed a three thousand-square-foot pad of marble that would emit a continuous mist. Their proposed collaborative design placed Barry's statue on a marble base with a continuous mist. The Park Service told the VWMP that the mist would have to be turned off for six months of the year to prevent freezing. See Diane Carlson Evans to Commissioner, September 1991, CFA 19/SEPT/91-1, Vietnam Women's Memorial, Preliminary Design, CFA WDC; Benjamin Forgey, "2 Designs for Women's Memorial," *Washington Post,* November 12, 1990, B1, B3; Anne Gowen, "For Vietnam Women, a War at Home," *Washington Times,* March 4, 1991, D1, D2, news clipping, Vietnam Women's Memorial Competition 1990, CFA WDC; Peter Perl, "A Matter of Honor," *Washington Post Magazine,* October 25, 1992, W16; Margaret G. Hodge, "Mocking the Commemorative Works Act: Is It Business as Usual in Washington" [draft] CFA, Vietnam Women's Memorial, CFA WDC.

140. Melanie Howard, "Vietnam Memorial to Women Gets Nod," *Washington Times,* September 20, 1991, B6, news clipping, Vietnam Women's Memorial, CFA WDC.

141. CFA meeting transcript, September 19, 1991, 1–5, CFA WDC.

142. Christopher Knight, "More Is *Not* Better," *Los Angeles Times,* October 17, 1993, calendar, 78, news clipping, CFA 23/JUN/93-F, Administration, Vietnam Women's Memorial, Inspection of Sculpture, CFA WDC.

143. Senate, Vietnam Women's Memorial, 83.
144. Sturken, *Tangled Memories,* 69.

Conclusion. Officers, Nurses, and Women

1. Containment policy of the Cold War had challenged American mythology of the nation as uniquely destined and undefeatable, but the failure to secure a clear, traditional military victory in the Vietnam War issued a fatal blow to this mythology. George Herring notes that the war "forced us as individuals and as a nation to confront a set of beliefs about ourselves that formed a basic part of the American mythology of the American character." See George Herring, "What Kind of War Was the Vietnam War?" in *Facing My Lai: Moving beyond the Massacre,* ed. David L. Anderson, Modern War Studies (Lawrence: University of Kansas Press, 1998), 95–105, quotation on 103. On the challenges to American exceptionalism by the Cold War in general and the Vietnam War in particular, see Christian Appy, ed., *Cold War Constructions: The Political Culture of United States Imperialism, 1945–1966,* Culture, Politics, and the Cold War (Amherst: University of Massachusetts Press, 2000); Loren Baritz, *Backfire: A History of How American Culture Led Us into Vietnam and Made Us Fight the Way We Did* (New York: William Morrow, 1985; Baltimore, MD: Johns Hopkins University Press, 1998); Tom Engelhardt, *The End of Victory Culture: Cold War America and the Disillusioning of a Generation* (New York: Basic Books, 1995); James William Gibson, *The Perfect War: The War We Couldn't Lose and How We Did* (New York: Random House, 1988); Richard Slotkin, *Gunfighter Nation: The Myth of the Frontier in Twentieth-Century America* (New York: Atheneum, 1992; Norman: University of Oklahoma Press, 1998); Marilyn B. Young, "Dangerous History: Vietnam and the 'Good War,' " in *History Wars: The* Enola Gay *and Other Battles for the American Past,* eds. Edward T. Linenthal and Tom Engelhardt (New York: Metropolitan Books, 1996), 199–209.

The difficulties of remembering and commemorating the Vietnam War further illustrate how the war challenged American military and masculine might. Works that devote particular attention to how the war's memory and commemoration involved the reestablishment of conventional gender roles include Lynda Boose, "Techno-Muscularity and the 'Boy Eternal': From the Quagmire to the Gulf," in *Cultures of United States Imperialism,* eds. Amy Kaplan and Donald E. Pease (Durham, NC: Duke University Press, 1993), 581–616; Kristin Ann Haas, *Carried to the Wall: American Memory and the Vietnam Veterans Memorial* (Berkeley: University of California Press, 1998); Susan Jeffords, *The Remasculinization of America: Gender and the Vietnam War,* Theories of Contemporary Culture, vol. 10 (Bloomington: Indiana University Press, 1989); Marita Sturken, *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering* (Berkeley: University of California Press, 1997).

2. On the question of how the ERA would affect women's obligatory military service, see Janet K. Boles, *The Politics of the Equal Rights Amendment: Conflict and the Decision Process* (New York: Longman, 1979), 34, 103, 170–71; Jane J. Mansbridge, *Why We Lost the ERA* (Chicago: University of Chicago Press, 1986), 60–89; Mary Frances Berry, *Why ERA Failed: Politics, Women's Rights, and the Amending Process of the Constitution,* Everywoman: Studies in History, Literature, and Culture (Bloomington: Indiana University Press, 1986), 63, 90, 102–4; Donald G. Mathews and Jane Sherron DeHart, *Sex, Gender, and the Politics of* ERA (New York: Oxford University Press, 1990), 46–47, 137–40.

3. On citizenship and its tie to military service, see Linda K. Kerber, *No Constitutional Right to Be Ladies: Women and the Obligations of Citizenship* (New York: Hill and Wang, 1998), especially 221–302; Linda K. Kerber, " 'May All Our Citizens be Soldiers, and All Our Soldiers Citizens': The Ambiguities of Female Citizenship in the New Nation," in *Women, Militarism, and War,* eds. Jean Bethke Elshtain and Sheila Tobias (Savage, MD: Rowman and Littlefield Publishers, 1990), 89–104; Linda K. Kerber, *Women of the Republic: Intellect and Ideology in Revolutionary America,* Institute of Early American History (Chapel Hill: University of North Carolina Press, 1980); Cecilia Elizabeth O'Leary, *To Die For: The Paradox of American Patriotism* (Princeton, NJ: Princeton University Press, 1999), 30–37, 73–104; Kimberly Jensen, "Women, Citizenship, and Civic Sacrifice: Engendering Patriotism in the First World War," in *Bonds of Affection: Americans Define Their Patriotism,* ed. John Bodnar (Princeton, NJ: Princeton University Press, 1996), 139–59; Ilene Rose Feinman, *Citizenship Rites: Feminist Soldiers and Feminist Antimilitarists* (New York: New York University Press, 2000); Nina Silber, *Daughters of the Union: Northern Women Fight the Civil War* (Cambridge, MA: Harvard University Press, 2005), 263–65.

Essay on Sources

Archival Sources and Oral Histories

Most Army Nurse Corps (ANC) records are located in the ANC Archives in the Office of Medical History, Office of the Surgeon General, in Falls Church, Virginia. These archives were particularly helpful in outlining official policies about the use of nurses and the views of the ANC leadership on key issues as well as for correspondence between hospital chief nurses in Vietnam and ANC leaders in Washington, D.C., end of tour reports of chief nurses in Vietnam, and discussions between the corps and other army officials about the use of nurses. The archives also include several useful newspaper clippings and photographs.

Various other archives contain miscellaneous ANC records, most notably the National Archives at College Park, Maryland. The majority of relevant materials are housed in the Records of the Office of the Surgeon General (Army), Record Group 112. The General Subject Files, 1960–1969, include many topically organized folders with information related to nursing in the Vietnam War. Folders on male nurses proved invaluable and contained much information not replicated in other archives. In addition, organizational rosters for in-country hospitals provide lists of nurses assigned, along with their ranks and specializations. Activities reports of hospitals, medical units, and medical brigades in the Medical Unit Annual Reports, 1960–1969, also provide information on the assignment of nurses in-country. After 1970, ANC records are located in the Records of the Army Staff, Record Group 319. The General Subject Files, 1970–1979, contain a variety of records. Also of great help were the Recruiting Publicity Campaign Materials, 1950–1967 files, and the records of individual recruiting districts in the Records of U.S. Army Training and Doctrine Command, Record Group 553. Several newscasts and army-produced videos that feature nurses are available in the Motion Picture, Sound, and Video Records section of the National Archives.

A few other archives and sources deserve mention. The U.S. Army Military History Institute at Carlisle Barracks, Pennsylvania, contains miscellaneous ANC records on nurses' living quarters, the Walter Reed Army Institute of Nursing, and some personal correspondence and collections. The Women in Military Service to America archive includes a few personal collections of memorabilia as well. The Center of Military History at Fort McNair, Virginia, holds the *Strength of the Army* reports, which provide the number of nurses assigned to Vietnam each month from August 1965 to March 1973. The records of the Commission on Fine Arts and the National Park Service, both in Washington, D.C., contain invaluable materials that document the history of the movement to establish the Vietnam Women's Memorial. *China Beach,* first aired by ABC from 1988 to 1991, has not been issued in its entirety for purchase, though the LaSalle University

Connelly Library Special Collections has videocassettes and scripts of several episodes. I have copies of all episodes taped from television when the History Channel syndicated the series in 2001.

This work would not have been possible without nurses' willingness to share their experiences with me. I began my search to locate former army nurses in the fall of 2003. In anticipation of the tenth-anniversary celebrations for the Vietnam Women's Memorial that November, several hospitals advertised reunions and gatherings on the Vietnam Women's Memorial Foundation website. I contacted several nurses who advertised there, including Kate O'Hare Palmer, who was organizing a reunion for the 2nd Surgical Hospital. Kate invited me to the luncheon, where I met several other nurses. Also at the anniversary events, I met Diane Carlson Evans and several other nurses, who introduced me to their friends who were willing to be interviewed. I also met Judy Baker Williams, who runs an Internet discussion list of former Vietnam War nurses, the Vietnam Nurses Haven. Several of these nurses later did interviews or completed questionnaires. In addition, I sent requests for volunteers to the In-Country Women's List, an email discussion list of military and civilian women who served in Vietnam, and to H-Minerva, an H-Net discussion list about women and war. The Vietnam Women's Memorial Foundation also assisted me in locating nurses by sending my questionnaire to a number of nurses in its Sister Search registry. Beverly Greenlee-Davis of the Army Nurse Corps Association also provided invaluable assistance by inviting me to the association's 2004 convention, where I met many of my interviewees.

After locating nurses, I arranged to conduct an oral history interview or to have the nurse complete a questionnaire I had developed. In some cases—at the 71st Evacuation Hospital's 2004 reunion, the 2004 Army Nurse Corps Association Convention, and in the homes of several other nurses, for example—I conducted interviews in person. In other cases, I conducted interviews by telephone. These interviews were the highlight of my research. In each, I asked the nurse to tell me about her or his childhood, decision to become a nurse, nursing education, reasons for joining the ANC or volunteering for Vietnam, experiences in Vietnam, and postwar life. But while these questions formed the basis, each interview reflected the personal experiences and interests of the interviewee. I tape-recorded all interviews. Some nurses consented to donate their interviews to the Oral History Project of The Vietnam Archive at Texas Tech University, and these are available through the archive's website. Transcriptionists there transcribed the interviews, and I then checked the transcription against the interview recording. These interviews are still being processed, but ultimately all audio recordings and transcripts will be available online at the project's website. The other interviews, as well as all questionnaires, remain in my possession.

Several other oral history archival collections and publications were also of great help. The ANC Archives contain a significant collection of oral histories, conducted primarily with senior ANC officers, including several nurses who served in Vietnam. Additionally, the U.S. Army Military History Institute, the Women in Military Service to America Memorial archives, and the Library of Congress Veterans History Project include oral histories with Vietnam War army nurses. Several oral histories of male nurses are held in the Oral History Collection at the University of North Texas.

Several published oral history collections have also been invaluable sources for this work. These collections include Dan Freedman and Jacqueline Rhoads, *Nurses in Vietnam: The Forgotten Veterans* (Austin: Texas Monthly Press, 1987); Olga Gruhzit-Hoyt, *A*

Time Remembered: American Women in the Vietnam War (Novato, CA: Presidio Press, 1999); Kathryn Marshall, *In the Combat Zone: An Oral History of American Women in Vietnam, 1966–1975* (Boston: Little, Brown, 1987); Ron Steinman, *Women in Vietnam* (New York: TV Books, 2000); and Keith Walker, *A Piece of My Heart: The Stories of Twenty-Six American Women Who Served in Vietnam* (New York: Ballantine Books, 1987).

Since the publication of Lynda Van Devanter's autobiographical account of her experiences in the Vietnam War (with Christopher Morgan, *Home Before Morning: The Story of an Army Nurse in Vietnam* [New York: Beaufort Books, 1983]), a few army nurses have also written about their experiences. Mary Reynolds Powell's *A World of Hurt: Between Innocence and Arrogance in Vietnam* (Chesterland, OH: Greenleaf Enterprises, 2000) and Winnie Smith's *American Daughter Gone to War: On the Front Lines with an Army Nurse in Vietnam* (New York: Pocket Books, 1992) are invaluable autobiographies.

Selected Secondary Sources

This study builds on the works of scholars in women's history, the history of second-wave feminism, military history, gender history, and the history of nursing. In the last few decades, scholars have increasingly combined these fields of study. Most influential to my study have been works examining the history of women in militaries and works considering the relationship between gender and militarism. These books draw on the theoretical foundation laid by Cynthia Enloe in her *Does Khaki Become You? The Militarization of Women's Lives* (Boston: South End Press, 1983) and *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000). Also important are Linda Grant DePauw, *Battle Cries and Lullabies: Women in War from Prehistory to the Present* (Norman: University of Oklahoma Press, 1998); Jean Bethke Elshtain, *Women and War* (New York: Basic Books, 1987); and Melissa S. Herbert, *Camouflage Isn't Only for Combat: Gender, Sexuality, and Women in the Military* (New York: New York University Press, 1998).

For this work, my most valuable reference for ANC history was Mary T. Sarnecky's *A History of the U.S. Army Nurse Corps,* Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1999), which provides an organizational history of the corps from its founding through the post-Vietnam era. Also important is Elizabeth Norman's *Women at War: The Story of 50 Military Nurses Who Served in Vietnam* (Philadelphia: University of Pennsylvania Press, 1990). Based on fifty oral histories of military nurses who served in the Vietnam War, Norman's work provides a general overview of nurses' wartime experiences.

Many studies have described various ways in which gender shapes militaries and understandings of gendered citizenship obligations. See Page Dougherty Delano, "Making Up for War: Sexuality and Citizenship in Wartime Culture," *Feminist Studies* 26:1 (Spring 2000): 33–68; Marilyn E. Hegarty, *Victory Girls, Khaki-Wackies, and Patriotutes: The Regulation of Female Sexuality During World War II* (New York: New York University Press, 2007); Maureen Honey, *Creating Rosie the Riveter: Class, Gender, and Propaganda during World War II* (Amherst: University of Massachusetts Press, 1984); Leisa D. Meyer, *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps During World War II* (New York: Columbia University Press, 1996); Randy Shilts, *Conduct Unbecoming: Lesbians and Gays in the U.S. Military, Vietnam to the Persian Gulf* (New York: St. Martin's Press, 1993); Nina Silber, *Daughters of the Union: Northern Women Fight the Civil War* (Cambridge, MA:

Harvard University Press, 2005); Barbara Brooks Tomblin, *G.I. Nightingales: The Army Nurse Corps in World War II* (Lexington: University of Kentucky Press, 1996); Meghan K. Winchell, *Good Girls, Good Food, Good Fun: The Story of USO Hostesses during World War II,* Gender and American Culture (Chapel Hill: University of North Carolina Press, 2008); and Linda Witt, Judith Bellafaire, Britta Granrud, and Mary Jo Binker, *"A Defense Weapon Known to Be of Value": Servicewomen of the Korean War Era* (Hanover, NH: University Press of New England, 2005).

Studies of war and gender also extend beyond examinations of women's wartime experiences and now acknowledge the centrality of gender in the nature of war making. From Joan Wallach Scott's assertion that gender and war be examined in tandem, in her essay "Gender: A Useful Category of Historical Analysis" (in *Gender and the Politics of History: Gender and Culture* [New York: New York University Press, 1988, 28–50]), a number of important works have followed. As several scholars have demonstrated, concerns about gender directly affected the nation's war making. See, for example, Craig M. Cameron, *American Samurai: Myth, Imagination, and the Conduct of Battle in the First Marine Division, 1941–1951* (Cambridge: Cambridge University Press, 1994); Robert D. Dean, *Imperial Brotherhood: Gender and the Making of Cold War Foreign Policy,* Culture, Politics, and the Cold War (Amherst: University of Massachusetts Press, 2001); Joshua S. Goldstein, *War and Gender: How Gender Shapes the War System and Vice Versa* (Cambridge: Cambridge University Press, 2001); Kristin Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven, CT: Yale University Press, 1998); and LeeAnn Whites, *The Civil War as a Crisis in Gender: Augusta, Georgia, 1860–1890* (Athens: University of Georgia Press, 1995).

Several works examine the relationships between gender, foreign policy, and war more broadly, including Donna Alvah, *Unofficial Ambassadors: American Military Families Overseas and the Cold War, 1946–1965* (New York: New York University Press, 2007), and Beth Bailey and David Farber, *The First Strange Place: Race and Sex in World War II Hawaii* (New York: Free Press, 1992). Works that devote particular attention to changing understandings of masculinity in wars are also important for examining similar wartime changes in understandings of femininity. Important works include Leo Braudy, *From Chivalry to Terrorism: War and the Changing Nature of Masculinity* (New York: Knopf, 2003); K. A. Cuordileone, *Manhood and American Political Culture in the Cold War* (New York: Routledge, 2005); Stefan Dudink, Karen Hagemann, and John Tosh, eds. *Masculinities in Politics and War: Gendering Modern History* (Manchester, UK: Manchester University Press, 2004); and Christina S. Jarvis, *The Male Body at War: American Masculinity during World War II* (DeKalb: Northern Illinois University Press. 2004).

Recent historiography of women in the post–World War II era has pointed to their rich and diverse experiences and the lingering existence of organized feminism in unexpected places. While some scholars (building on the work of Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* [New York: Basic Books, 1988]) have shown that the early Cold War period emphasized passive domesticity for women, other scholars have complicated the history of women in the era before the rise of second-wave feminism. Joanne Meyerowitz's "Beyond the Feminine Mystique: A Reassessment of Postwar Mass Culture, 1946–1958" (in *Not June Cleaver: Women and Gender in Postwar America, 1945–1960,* ed. Joanne Meyerowitz [Philadelphia, PA: Temple University Press, 1994], 229–62), argues that postwar culture included more options for women than a restricted feminine mystique, as does Susan J. Douglas, *Where the Girls Are: Growing up*

Female with the Mass Media (New York: Times Books, 1995). Other works point to the continuance of feminist ideologies and activism. See Leila J. Rupp and Verta Taylor, *Survival in the Doldrums: The American Women's Rights Movement, 1945 to the 1960s* (New York: Oxford University Press, 1987); Daniel Horowitz, *Betty Friedan and the Making of* The Feminine Mystique*: The American Left, the Cold War, and Modern Feminism,* new ed. (Amherst: University of Massachusetts Press, 2000); and essays in *Not June Cleaver: Women and Gender in Postwar America, 1945–1960,* ed. Joanne Meyerowitz (Philadelphia, PA: Temple University Press, 1994).

Good starting points for histories of second-wave feminism include Flora Davis, *Moving the Mountain: The Women's Movement in America since 1960* (Westport, CT: Greenwood, 1999), and Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Viking, 2000). Works examining the influence of the feminist movement beyond the organized movement itself were particularly helpful in shaping my thinking on the influence of feminism in the army. These works include Beth Bailey, *Sex in the Heartland* (Cambridge, MA: Harvard University Press, 1999); Kathleen M. Barry, *Femininity in Flight: A History of Flight Attendants,* Radical Perspectives (Durham, NC: Duke University Press, 2007); Dennis A. Deslippe, *"Rights, Not Roses": Unions and the Rise of Working-Class Feminism, 1945–80,* The Working Class in American History (Urbana: University of Illinois Press, 2000); and Susan Gelfand Malka, *Daring to Care: American Nursing and Second-Wave Feminism* (Urbana: University of Illinois Press, 2007).

Many important works suggest the critical ways in which gender and race have shaped the development of nursing in the United States. On the gendered nature of nursing within the overall medical profession, see Thetis M. Group and Joan I. Roberts, *Nursing, Physician Control, and the Medical Monopoly: Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice* (Bloomington: Indiana University Press, 2001); Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia, PA: Temple University Press, 1982); and Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945,* Cambridge History of Medicine (Cambridge: Cambridge University Press, 1987). Susan Rimby Leighow's *Nurses' Questions/ Women's Questions: The Impact of the Demographic Revolution and Feminism on United States Working Women, 1946–1986,* American University Studies, series 27, Feminist Studies, vol. 5 (New York: Peter Lang, 1996); Susan Gelfand Malka's *Daring to Care: American Nursing and Second-Wave Feminism* (Urbana: University of Illinois Press, 2007); and Joan I. Roberts and Thetis M. Group's *Feminism and Nursing: An Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport, CT: Praeger, 1995) explore how organized feminism influenced nursing during the 1960s and 1970s. Darlene Clark Hine's *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950,* Blacks in the Diaspora (Bloomington: Indiana University Press, 1984), notes the racialization of the nursing profession during the era of Jim Crow.

Scholars have demonstrated that various factors shape national memories of war, including desires to reformulate gender roles in the wake of war. John Bodnar's *Remaking America: Public Memory, Commemoration, and Patriotism in the Twentieth Century* (Princeton, NJ: Princeton University Press, 1992) and G. Kurt Piehler's *Remembering War the American Way* (Washington, D.C.: Smithsonian Institution Press, 1995) both provide a solid overview of war memory in U.S. history. On the memory of the Vietnam War in particular, see Kristin Ann Haas, *Carried to the Wall: American Memory and the Vietnam Veterans Memorial* (Berkeley: University of California Press, 1998); Susan Jeffords, *The Re-*

masculinization of America: Gender and the Vietnam War, Theories of Contemporary Culture, vol. 10. (Bloomington: Indiana University Press, 1989); Marita Sturken, *Tangled Memories: The Vietnam, War, the AIDS Epidemic, and the Politics of Remembering* (Berkeley: University of California Press, 1997); and Fred Turner, *Echoes of Combat: The Vietnam War in American Memory* (New York: Anchor Books, 1996). Karal Ann Marling and John Wetenhall explore the role of gender in the creation of the Vietnam Women's Memorial in their article, "The Sexual Politics of Memory: The Vietnam Women's Memorial Project and 'The Wall,'" *Prospects* 14 (1989): 341–72.

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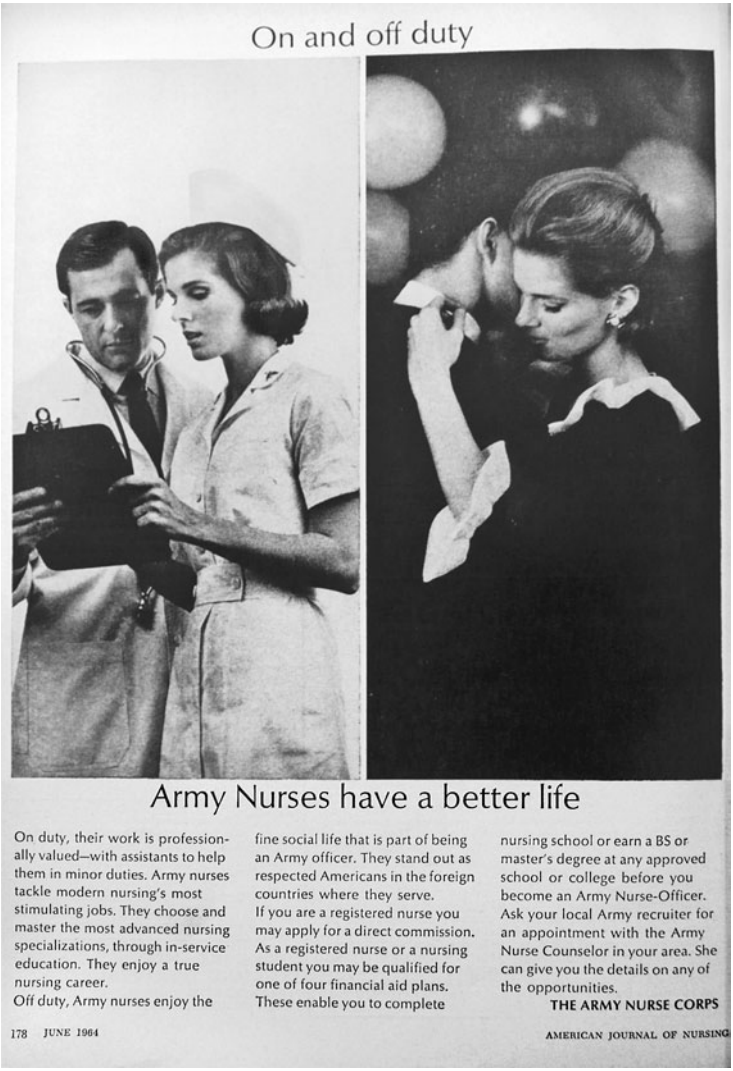
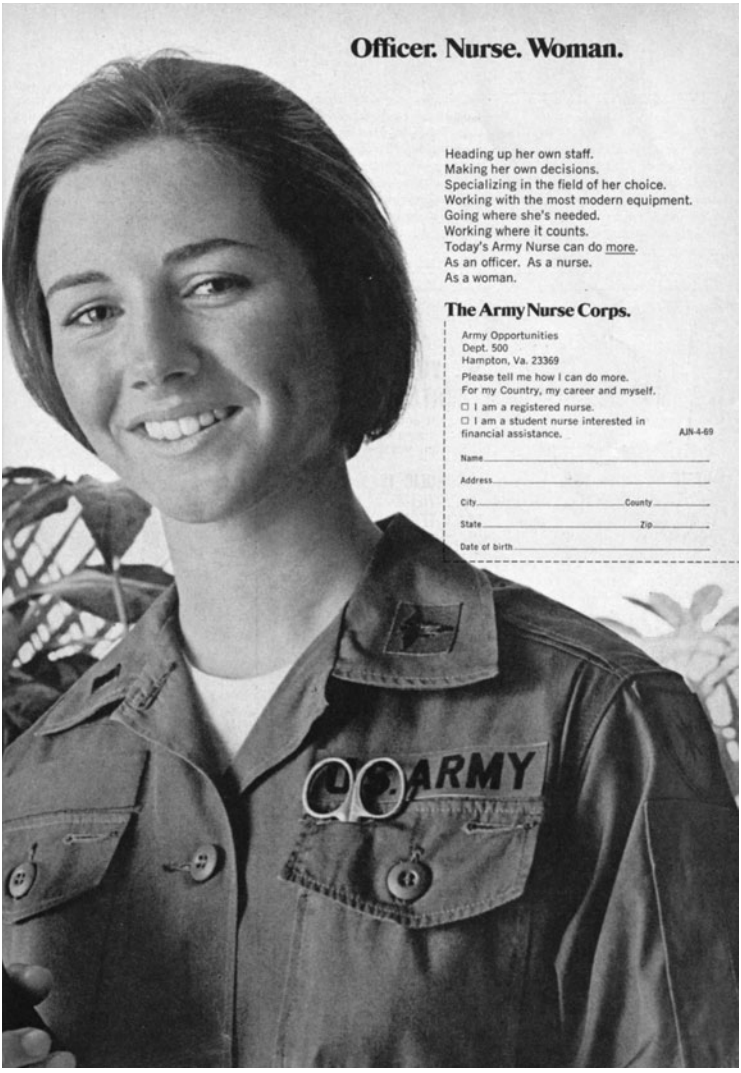
A smiling Kate O'Hare Palmer wearing her flak jacket and helmet at the 2nd Surgical Hospital, Lai Khe, 1969. Courtesy Kate O'Hare Palmer.

The most beautiful girl in the world.
She is an Army nurse. This is how she looks to a wounded American soldier. No woman ever looked more beautiful. She is comfort. She is assurance. Because of her, in a short time his pain and shock will go. His memory of battle will fade.
Today, our wounded soldiers in Vietnam have a better chance of recovery than any soldier in any war. And the Army nurse is one of the most important reasons why.
Whether she serves in a modern medical center in the United States or in a field hospital a brief helicopter flight from battle, her dedication and compassion are her most precious gifts.
If you are a professional nurse, or a student nurse, learn how you can serve at this crucial time. You are urgently needed. Simply fill out and mail this coupon.
U.S. ARMY NURSE CORPS
Commanding General
U.S. Army Recruiting Command
Hampton, Virginia 23369
Attn.: Army Nursing Opportunities
I am a registered professional nurse
A student nurse interested in financial assistance
Name
Address
City State
Zip Tel.
Date of Birth

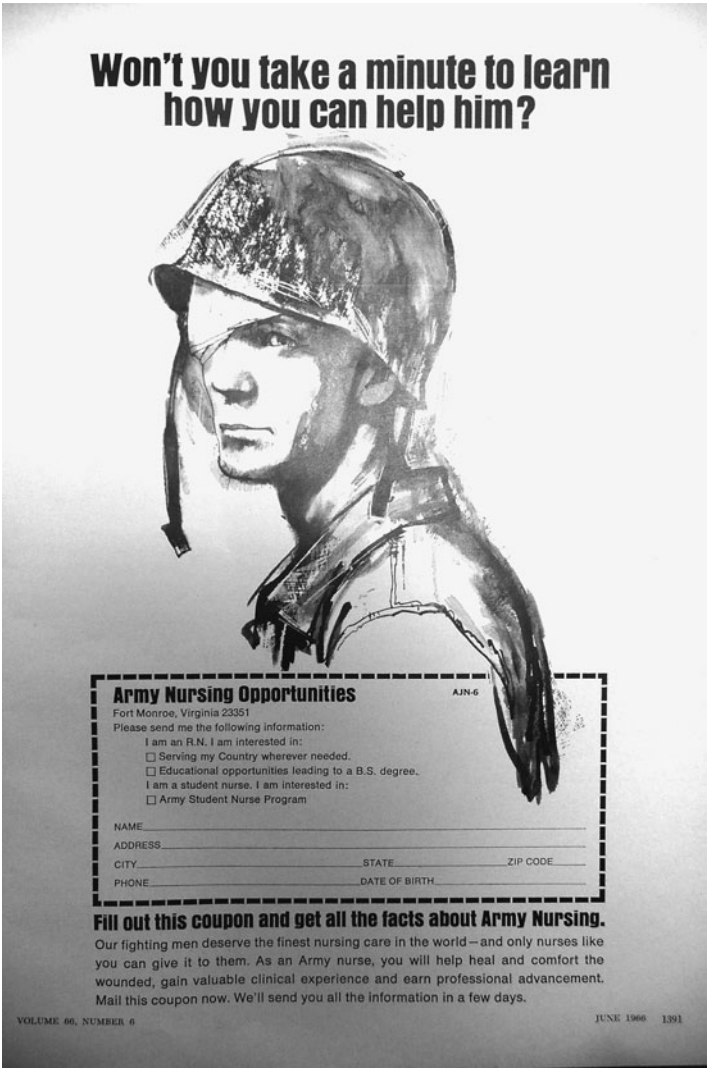
Boldly proclaiming its nurses to be the most beautiful girls in the world, this advertisement visually confirmed that military life would not be detrimental to feminine good looks. Also printed as a poster, this is the image Mary Ellen Smith saw on her arrival in Vietnam. The advertisement appeared in *Glamour* in April and June 1967 and in the *American Journal of Nursing* in June 1967. Author's collection.


On and off duty
Army Nurses have a better life
On duty, their work is professionally valued—with assistants to help them in minor duties. Army nurses tackle modern nursing's most stimulating jobs. They choose and master the most advanced nursing specializations, through in-service education. They enjoy a true nursing career.
Off duty, Army nurses enjoy the fine social life that is part of being an Army officer. They stand out as respected Americans in the foreign countries where they serve.
If you are a registered nurse you may apply for a direct commission. As a registered nurse or a nursing student you may be qualified for one of four financial aid plans. These enable you to complete nursing school or earn a BS or master's degree at any approved school or college before you become an Army Nurse-Officer.
Ask your local Army recruiter for an appointment with the Army Nurse Counselor in your area. She can give you the details on any of the opportunities.
THE ARMY NURSE CORPS
178 JUNE 1964
AMERICAN JOURNAL OF NURSING

Visually and textually, this advertisement assured women that army nurses enjoyed fulfilling professional and personal lives, "on and off duty." It ran in the *American Journal of Nursing* in May, June, and September 1964. Author's collection.



The officer and nurse in this advertisement promised new opportunities and challenges in the ANC even as she affirmed that nurses were women. The advertisement appeared in the *American Journal of Nursing* in April, July, August, September, and November 1969; in *Nursing Outlook* and *RN* in April, July, August, and November 1969; in *Mademoiselle* in May and September 1969; and in *Glamour* in September 1969. Author's collection.


Won't you take a minute to learn how you can help him?
Army Nursing Opportunities
AJN-6
Fort Monroe, Virginia 23351
Please send me the following information:
I am an R.N. I am interested in:
☐ Serving my Country wherever needed.
☐ Educational opportunities leading to a B.S. degree.
I am a student nurse. I am interested in:
☐ Army Student Nurse Program
NAME
ADDRESS
CITY
STATE
ZIP CODE
PHONE
DATE OF BIRTH
Fill out this coupon and get all the facts about Army Nursing.
Our fighting men deserve the finest nursing care in the world—and only nurses like you can give it to them. As an Army nurse, you will help heal and comfort the wounded, gain valuable clinical experience and earn professional advancement. Mail this coupon now. We'll send you all the information in a few days.
VOLUME 66, NUMBER 6
JUNE 1966 1391

Different in artistic style than other recruitment advertisements, this image of a wounded soldier ran in nursing journals soon after American combat troops were deployed to Vietnam. It appeared in the *American Journal of Nursing* in January through September 1966 and in *RN* in January, February, and March through September 1966. Author's collection.

A nurse and other medical staff assessing the triage scene at the 8th Field Hospital, Nha Trang, ca. 1964–1967. While many nurses embraced the heightened level of medical practice they were expected to perform in Vietnam, many detested duties such as triage because they did not enjoy deciding which patients would be treated first—and last. Photograph from the Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General.

Nurse Terry Krantz monitoring a patient at the 93rd Evacuation Hospital in 1968. Male nurses gained permanent status in the ANC for the first time in 1966 and composed up to 30 percent of the nurses who served in Vietnam. Photograph from the Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General.

Kate O'Hare Palmer (far right) looking over the operating field, 2nd Surgical Hospital, Lai Khe, 1969. Courtesy Kate O'Hare Palmer.

Nurses beside a security post at the 85th Evacuation Hospital. Hospitals were surrounded by various kinds of security, though many female nurses expressed more fear of sexual assault from U.S. soldiers than of enemy attack. Photograph from the Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General.

Nurses, hospital staff, and helicopter crews celebrating Labor Day at the 3rd Surgical Hospital, Binh Thuy, 1971. The three female nurses seated are Kelly Farrell, Peggy Bradley, and Mary Dale Curts. They are joined by other hospital staff and helicopter pilots. Courtesy Jennifer Lundberg.

Elizabeth Finn treating a Vietnamese child at an orphanage in 1967 as part of MEDCAP. Photograph from the Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General.

Peggy Mikelonis visiting Vietnamese orphans near Binh Thuy. The American army staff brought medical supplies and, in this case, Santa Claus. Many nurses enjoyed working with the Vietnamese population, though orphanages such as this one also exposed them to the costs of the war. Courtesy Jennifer Lundberg.

Paula and Gene Quindlen after their wedding at the Divarty Chapel in Chu Lai, August 22, 1970. Paula worked at the 27th Surgical Hospital, while Gene was stationed at a nearby medical company. The two spent their off-duty hours together. Photograph courtesy Paula Noonan Quindlen.

Nurses Ann Dinger and Margaret Lewis treating a wounded soldier at the 24th Evacuation Hospital in Long Binh in 1970. Photograph from the Army Nurse Corps Archives, Office of Medical History, Office of the Surgeon General.

An exhausted Kate O'Hare Palmer late in her tour at the 2nd Surgical Hospital, Lai Khe, 1969. Courtesy Kate O'Hare Palmer.

The Vietnam Women's Memorial, designed by Glenna Goodacre and dedicated in 1993. The memorial is located near the Vietnam Veterans Memorial on the Mall in Washington, D.C. Author's photograph.